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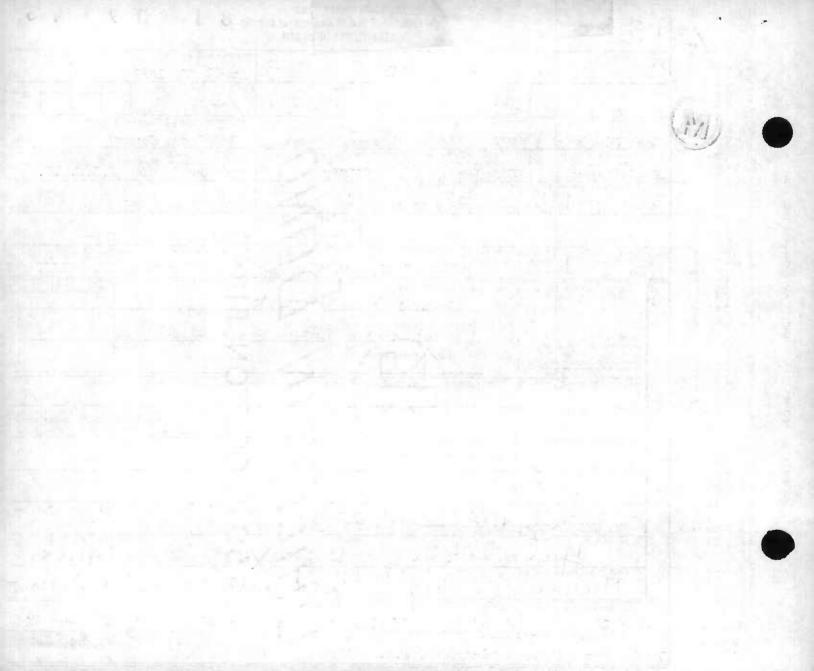
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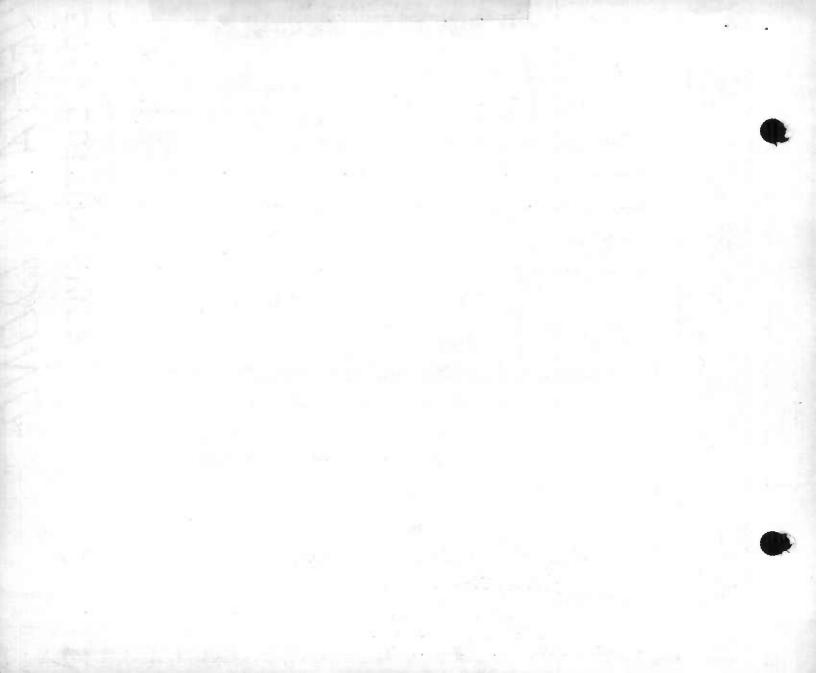
(VRA 15, 4)

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	11.	FOR STATE				ENT OF H	EALTH	ARYLAND AND MENT				0 9)	4	7
		REGISTRAR		ME		XAMINE		ERTIFICA	TE OF DI	EATH	REG.	NO.			0-1
nu		ECEASED NAME (PE OR PRINT)	FIRST	10	MIDDLE	,	L	AST		20 DATE OF	KNOWN			YEAR	2b. HOUR
38381	1	000	-	JOMOS	Adle	berg			~		ESTI- MATED	<u> </u>	18 19	81:	BP. M
P. P	3. SE	26.6	ACE COV	5. DATE OF BIRTH	YEAR	AGE IN YEAR) MONTHS		URS MIN	S. 2c. DATE PRONOU	NCED	MONTH		YEAR	30 P.M
AL DAL DAL STORM		BIRTHPLACE (STATE C		76. CITIZEN OF W	47	YRS	1	X-V				OR COUL	NTY OF DE		8-W
AD. 21201 1. IF ANY DELAY IS NECESSARY, P. 2, AND 3 TO THE FUNERAL DIRE. 2 SHOULD BE FILED, WITHIN YOUR 2 SHOULD BE FILED, WITHIN YAL RECORDS, 201 W/PRESTON	1	OREIGN COUNTRY)					" MARRIE WIDOWE		married L ivorced [_	COUNTY		
Y IS NI THE FU AGE 5 FILED, V	10. (MARYLAND LITY OR TOWN OF D	EATH	11. NAME OF HO						JSUAL OCCU					MD.
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BALTIMORE. SAFTER DEA GIVE PAGES I MAGES I AN IVISION OFW	100	WAS DECEASED EVI YES, NO, OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	166. SOCIA	AL SECURITY	NO.	17. INFORMAN	IvIIv	S. JOA					01000
S AF GIVI	'	YES	KOREA	- AAF				7808	GREENS	PRING	AVE.	BAI	LTO.,		21208
NST., BALTIMORE HOURS AFTER DE/ M 1B. GIVE PAGES W 1W. WITH PORM I RMIT. PAGES 1 AN INE, DIVISION OF		18 CAUSE OF DE	ATH (Enter anly WAS CAUSED	y ane cause per lin	e far (a), (b), c	and (c).)		1					BETWEE	OXIMATE N ONSET	AND DEATH
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OR TANK		cause (a) stati		DUE TO, O	R AS A CONSE	EQUENCE O	F								75.40
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ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RD "PENDING" IN PENCIL IN 1ITEM 1B. GIVE PAGES 1, 2, "HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SI OF HEALTH AND MENTAL HYGIENE, DIVISION OFWLIAL IRAAL, CREMATION, OR REMOVAL.	7	PART 2 OTNER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED	D TO THE TERMIN	IAL DISEASE	OR CONDITION GIVE	EN IN PART 1 (g)			.,			
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DIVISION OF VITA NNER: THIS CERTIFICATE SHC FICATE, WRITING THE WORD E F CORWARDED TO THE CHI STORE PAGE 3 SHOULD BE UP 1 THE STATE DEPARTMENT OF	X		WORK WORK	Home	Å .m	e									o i ni c
P. T.	2		nt Ltaak charae	af the remains de	scribed above	held on	Autapsy	, Ins	pection	, Inquiry		and in my	on Illian		
A STOTE A	-	death resulted fro		al causes	Accident	Suic		Hamicide		determined m			артнан		
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SET SET SE		SKSPARTURE	1)	1		M.L	J. Marita I II		EDICAL EXAM	MINER	SIGI	AED THO	67	
DIVI TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFIER DEATH, WITH THE STATE 05 BALTIMORE, MARYLAND, 21201 P	00	(TYPE OR PRINT)	NE STA	11年42.	Felsonb	erc. NAD		DDRESS 1	E. C	hose	ST .	2/207	2		
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23q.	BURIAL, CREMATION	I.REMOVAL 23	lb. DATE	123c NA	ME/OF CEM		CREMATORY	23d.	LOCATION					
BP		(SPECIFY) BURI		4/21/81	SH	AAREI	ZION		Re	SEDALI	Ξ	BA	ETO.	sM	19
	24	FUNERAL DIRECTOR	SOL LE	EVINSON 8	BROS.	, INC.		25a.	DATE REC'D.	BY REGISTRA	AR 25b_REG	GISTRAR'S	SIGNATUR	E	
DHMH - 17 (VR A15 ME (5))		6010 REIS	TERSTON	VN RD	BALTO.		212	15 AF	PR 2 2	1981	12.30	Some 1	all.	2.	
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nay be page 3 er deoth			MIDDLE 6 P. R. T 14. RACE	Ag	New DF BIRTH	20. DATE OF DEATH A PRIL 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 26 HO 5 198 4 THOAY) IF UNDER LYEAR IF UNDER
Part Control		Male RTHPLACE (STATE OR FOREIGN COUNTRY)	Cavca	COUNTRY? 8	24 /891		YRS DR COUNTY OF DEATH
the fact that th		TY OR TOWN OF DEATH		WIDOWE ITAL, NURSING HOME (ITY, GIVE STREET ADDRESS)	DIVORCED	120 USUAL OCCUPAT	
tilled in by could be file (mystbe no	13a.	AL RESIDENCE (IF NURSING HO STATE 13b C	OUNTY 13c. C	esidence Before admission). City or town Ckeys Vilk	13d. INSIDE CITY LIMITS? YES W NO	KETIR 6 13e. STREET ADDRESS 40 G:6	GENS BIVE
ampletely and 2 to an		ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN N FIRST	UNKUDOLE	LAST
be execu		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? 16b. S S. GIVE WAR OR DATES)	SOCIAL SECURITY NO.	JOHN	51 BREA	ATTMY. APPROXIMATE INIT BETWEEN ONSET AN
equires that the death certinsigned by the attending F. Then please remove carban to burial, cremation, ar reminjury, or other traumatic ev	Z	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse las	b (b) DUE TO, OR AS A	A CONSEQUENCE OF A CONSEQUENCE OF BUTING TO DEATH BUT	0		DITION GIVEN IN PART 1(0)
on. has been to permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	MAN PONDITION	FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \(\square\) NO
SICIAN, ng phys certifico urial-tra iental Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	DE DEATH HOUR A.M.	MONTH DAY YEAR 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN 11EM 18, PART 1 OR PART 2)
JDING PHY or attentis is after this see as the bu ealth and M	WE	WHILE AT WORK AT WORK 220.1 certify that (1) (this is	(AT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC)	STREET	CITY OR TO	, 19, that (1)
AL OR ATTEN the haspital AL DIRECTOR letached for u ate Dept. of H T: If hem 21 is	A P	sow the deceased alivabove, (I) (1948) (dd 3) (d 22b, SIGNATU)	e on MARCH 13	deoth. sociate, saw	DEGREE ATTENDING	MEDICAL STA	ote and hour and from the causes s
TO HOSPITAL TO FUNERAL should be det with the State		W.B. Dan	TYPE OFFRINTS		11 & Cha	se St I	Paltimore 2120
BP	R	BURIAL, CREMATION, REMO (SPECIFY) EMORK-BUAL	23b. DATE 4/9/8		EMETERY OR CREMATORY	JEHNS	
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR	7	ADDRESS	735. BV	ALE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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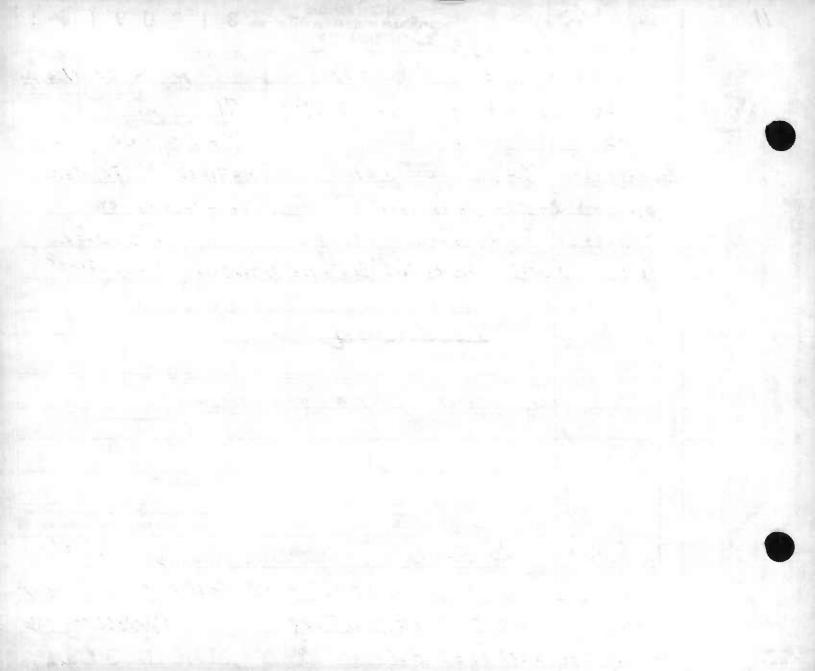
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STATE OF MARYLAND

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STATE OF MARYLAND

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	Ē ČE /	GISTRAR ASED NAME FIRST R PRINT) WILL	AM L. ARMENTROUT	20 DATE KNOWN MONTH D. OF ESTI- DEATH MATED	15.11001
3. SE		male white	5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 2	4-1	19 81 M AY YEAR 22+0580
O W	es	HPLACE (STATE OR SN COUNTRY) St Virginia	75. CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED M NEVER MARRIED WIDOWED DIVORCED	Baltimore Cou	nty MD
	Oy	or town of DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 118 Wengate Rd in garage	120 USUAL OCCUPATION (TYPE OF WORK 12b. FOR MOST OF WORKING LIFE) Welder Con	or industry struction
5 130.	STAT	01121		3. STREET ADDRESS 118 Wengate Road	
30		Thomas F.	MIDDLE LAST SECURITY NO. 17. INFORMANT	A. MIDDLE	Watts
166.	(YES, I	S DECEASED EVER IN U.S. A NO OR UNKNOWN) (IF YES, GN Yes V1e		Armentrout Sissonvil	s Drive Le, W. Va.
		Canditians, if any, whic gave rise to immediat cause (a) stating the <u>unde</u> lying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF		
NOI		ART 2 OTNER SIGNIFICANT CONDITION	(c)		
TIFICATION		ART 2 OTHER SIGNIFICANT CONDITION 90. DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	2	I AUTOPSY? YES XX NO []
MEDICAL CERTIFICATION	21 UCC 21 V	ART 2 OTHER SIGNIFICANT CONDITION 90. DATE OF OPERATION 10. EXTERNAL CAUSE WAS NOTERLYING ** NOTERLYING CAUSE OF CAUS	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2000 CONTROLL AND MONTH DAY YEAR VICTURY SQUEED. 210 PLACE OF INJURY (AT HOME. 211. LOCATION	in car of closed	yes xx № □ garage
	21 U C C 21 A A	ART 2 OTHER SIGNIFICANT CONDITION 10. DATE OF OPERATION 10. EXTERNAL CAUSE WAS NOTERLYING TO CAUSE OF CAUSE O	22 DE LOWURY HOUR AM, MONTH DAY YEAR 2:00PM 4-11981 with motor	in car will be recalled to the car of the ca	garage
MEDICAL	21 UU CCC VV A A SSI	ART 2 OTHER SIGNIFICANT CONDITION 10. DATE OF OPERATION 10. EXTERNAL CAUSE WAS NDERLYING XX NDERLYING CAUSE OI 10. INJURY OCCURRED WHILE NOT WHILE 17 WORK AT WORK 220. I certify that I taok cha death resulted from: Nat	19b CONDITION FOR WHICH OPERATION WAS PERFORMED? ADDICONURY AND WITH DAY YEAR VICTUM SQUERED. 210 PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 211. LOCATION 118 Wengate of the remains described above, held an Autopsy X Inspection causes Accident STREET ADDICATE ADDRESS 111 Arrita A. Korell, M.D. ADDRESS 111	in car will be recalled to the car of the ca	garage ls, Maryl

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IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	1	REC	G. NO.		
		OR PRINT)	FIRST	1	MIDDLE	L	AST		2a. DATE OF DEAT	H MONTH DA	Y YEAR	2b. HOUR
	Time	ORPRINT	DRUS	ILLA	ANN	ASK	(EW		April 23	3, 1981		6:05p M
	3. SEX	(4. RACE	777	5. DATE C		6	AGE (IN YEARS LA		UNDER I YEAR	IF UNDER 24 HRS
		Female		Whit	е	3	31 190	8 (73 YRS.	DATS	110013
1		RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVER MARRIE	р 🗆 ,	BALTIMORE CIT	Y OR COUNTY C	F DEATH	
U		abama		U.S	.A.	WIDOWE			Baltimor	e County	,	MD.
-	10 CT	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURS	SING HOME C	R OTHER INSTITUTIO	N I	12ª USUAL OCCU	PATION	17b. KIND OF	F BUSINESS OR
1		ssville					Hospital		Sales	5	INDUSTRY	
5	13a. S	AL RESIDENCE (IF NURS TATE Aryland	Balt	ity imore	13c CITY OR TO Dunda		13d. INSIDE CITY LIM	IIIS?	7514 IN	es Lane	9	
> .	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID FIRST	EN NAMI	E MIDD	16	LAST	
0		John		J.	Adam	ıs	Hass	ie	MIDO	ie.	Bell	l
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT		AD	DDRESS7514	Ives	Lane
	(1	No	(IF TES, GIVI	E WAR OR DATES)	419-05	-0420	Dorothy	J.	Glad	Balto	., MD.	. 21222
		18. CAUSE OF DEAT	H (Enter an	ly one cause per	line for (a), (b),	and (c).)					APPROXIE BETWEEN C	MATE INTERVAL
	10	PART I. DEATH W		D BY: E CAUSE (a)	Acute My	ocardi	al Infarct	ion.	Arterio	sclerotio		
		4100	WW. DIAT		R AS A CONSEC		Vascular					
		Conditions, if ony,	, which	((b)	R AS A CONSEC	DOEINCE OF	V CONS C CLALOUE	22.00			430	
		gove rise to imr	mediate)	R AS A CONSEC	DUENICE OF					1 1 1 4 1 1	
	36	underlying cause		(6)	K AS A CONSEC	2021402 01						
		PART 2. OTHER SIGN	NIFICANTO	ONDITIONS CO	ONTRIBUTING I	O DEATH BUT	NOT RELATED TO TH	E TERMIN	NAL DISEASE OR C	ONDITION GIVEN	V IN PART 10	
	CERTIFICATION	The 1										
	CAT	190 DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDIN	
	TIE								YES NO[NO [
>		210. ACCIDENT WAS UNI	-	216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18, PAR	T I OR PART 2)	
	CAL	OR CONTRIBUTING []		1111		19						
	MEDICAL	21d INJURY OCCUR	RED	210. PLACE	OF INJURY	E EADM STC V	211 LOCATION		CITY	ORTOWN	COUNTY	STATE
	>	AT WORK NOT WE	RK	(ATTIONE, ST	LET, TACTONT, OFFIC							
		220.1 certify that	(this haspit	(al) attended th	e deceased from	Apri	14 , 19_	81	_, to April	23, 19	81	that (X (we) lost
		sow the deceas above, (we) (ed alive on	April	ofter death.	81 , or	d that in (🌠) (our) o	pinion de	eath occurred on th	ne date and hour o	and from the c	couses stated
		226 SIGNATURE	A A				DEGREE				22c DATE S	_
		, No	Jul	aum	MP		ATTEND PHYSIC		MEDICAL DIRECTOR PH	STAFF YSICIAN	14-	23-81
1		27d. PHYSICIAN'S N.					220 ADDRESS	О Г.	1.7.4	Б.	010	0.7
1			Ur. K	othbaum			9000	u Fra	anklin Sc	quare Dri	ve 212	3/
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION	N	COUNTY	STATE
	L '	Buria	1	4/28/	1981 I	Lauder	dale Mem			auderda	le J	Florida

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24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) 7922 Wise Avenue Dundalk,

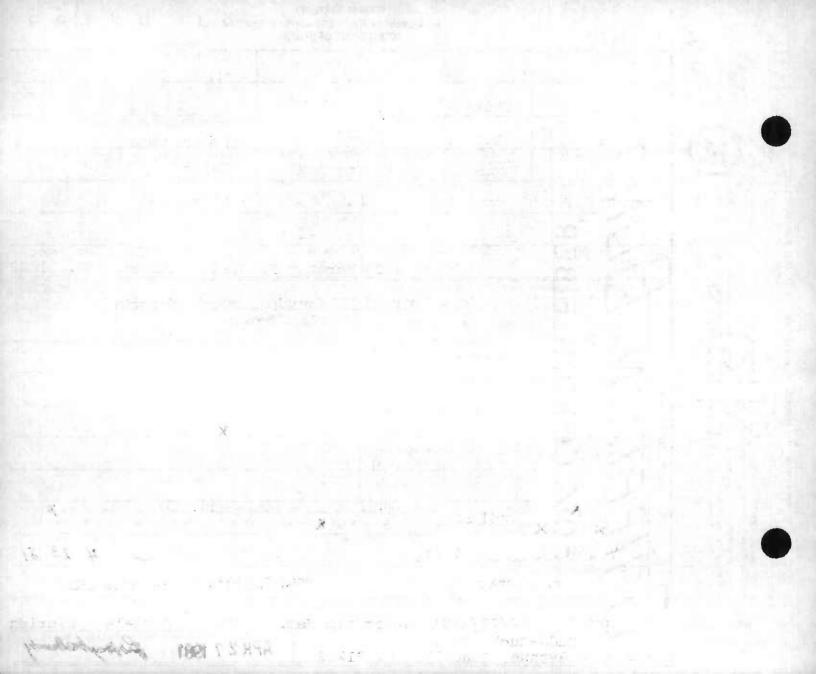
FOR

Duda-Ruck, Inc.DRESS MD.

m. Ft. Lauderdale

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR

APR 2 7 1981



BALTIMORE, MD.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

added info g554 4/21/81 gj

ANATOMY BOARD OF MARYLAND

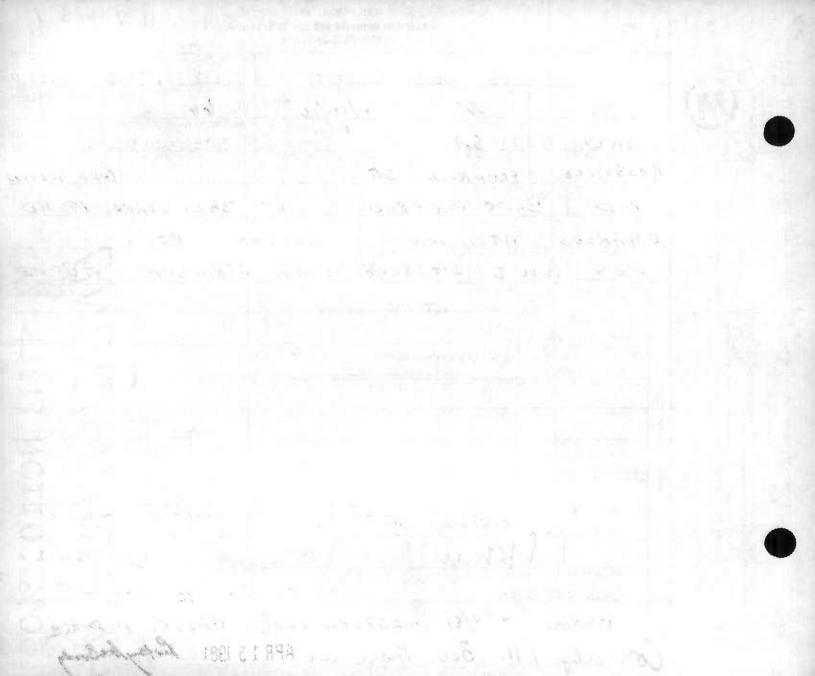
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(VRA 15, 4)

REGISTRAR

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	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES REG. NO.	9 1 5 /
	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH D	DAY YEAR 26 HOUR
		pert Harold	ATKINSON	O to Lo son our elec	81 9:55 R
3 SEX		4 RACE	S. DATE OF BIRTH MONTH / DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS
2.01	M	W	4/12/16	64 YRS	
	OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
III CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore C	
	OSSVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET A		(TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
33 13a. S	THER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS 3821 CLAR	
50 €	HARLES	ATKINSON	BEUL	AH ROUS	LASF
	(AS DECEASED EVER IN U.S. AR. ES NO OR UNKNOWN) (IF YES, GIV	MAR OR DATES	2578 HELEN	ATKINSON	ABOVE
TION			NCE OF BATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIVE	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOWNEY YES	WERE FINDINGS USED YING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceosed plive on obove, (**(we) (did) (did in	ol) ottended the deceosed from	April 10 , 19 8	April 10, 1 deoth occurred on the date and hour	
	22b. SIGNATURE	Khan		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4/10/81
	22d PHYSICIAN'S NAME (TYPE OF		22. ADDRESS 9000 Frank	clin Square Dr.	, 21237
	11017110000 21				



Item 4 g555 5/20/81 gi

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH MONTH 26 HOUR A AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH COUNTY 12h KIND OF BUSINESS OF HOUSE WIFE 5701 MANDA APPROXIMATE INTERVAL ENTRICIL AR TACHYCARDIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED '(ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE/SIGNED DIRECTOR PHYSICIAN STATE CARROLL 250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S JON DHMH - 16 50M 1/81 1981 (VRA 15, 4) MAY :

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

June Later Committee Commi The state of the s

1,	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9	159
- 4	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN X MONTH	DAY YEAR 25 HOUR
	(TYPE OR PRINT)	OF ESTI-	
3. 3. 77. CKOWATION, OK KEMOVAL.	SEX 14. RACE	nelmina Aver DEATH MATED 4-4-	DAY YEAR 72 00 JR
9	female white	12 22 48 32 YRS. MONTHS DAYS HOURS MIN PRONOUNCED 4-4-	
27	BIRTHPLACE (STATE OR FOREIGN COLINTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	Towa	U. S. A. WIDOWED DIVORCED Baltimore Count	ty MD.
TO	O. CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [18 NOT IN SUCH FACILITY, GIVE STREFT ADDRESS] 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
	Randallstown	Baltimore Co. General Hospital	BETZ CO.
13	SUAL RESIDENCE (IF IN NURSING HOMBO, STATE) 136. SOU	ALTO 136. CITY OR TOWN 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 130. STREET ADDRESS YES NO 27. CITY CITY LIMITS?	CT.
5 14	1. FATHER'S NAME	MIDDLE LAST MOTHER'S MAIDEN NAME FIRST MIDDLE	
7	MARTIN	MIDDLE STAST, LE FIRST	SMITH
16	60. WAS DECEASED EVER IN U.S. A		7 (11)
	No	VEWAR OR DATES) 482-58-8560 GRECORY P. AUEL SAM	E 21207
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only one cause per line far (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		HATE CAUSE (O) ATTERIOSCIEROTIC CARGIOVASCULAR disease	
	4272	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gave rise to immedia	ote (b)	
	cause (a) stating the <u>unde</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
1		(c)	
		INS <u>Contributing to death</u> but not related to the terminal disease or condition given in part i a	
1	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	ĬĘ		YES 🔀 NO
5	19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAGE	
		HOUR A.M. MONTH DAY YEAR OF DEATH P.M. 19	
	CONTRIBUTING CAUSE O	21e PLACE OF INJURY (ATHOME, 121f LOCATION	
	WHILE NOT WHILE	STREET CITY OR TOWN COL	UNTY STATE
		arge of the remains described above, held an Autons XX. Inspection . Inquiry ond in my ap	
		The state of the s	non
	geath resulted from: Nat	tural couses AAI. Accident Suicide Homicide Undetermined monner	
	ACTUAL	TITLE (SPECIFY)	/ E 01
1	SIGNATURE WALL	M.D. ASSISTANT MEDICAL EXAMINER SIGNE	b 4-5-81
1	EXAMINER'S NAME		
77	(TYPE OR PRINT)	Margarita A. Korell, M.D. ADDRESS 111 Penn Street	
	SPECIFY)	236. DATE 231. NAME OF CEMETERY OR CREMATORY CITY OR TOWN	TO MY
2	4. EUNERAL DIRECTOR	1250. DATE REC'D. BY REGISTRAN DIS REGISTRAN	CALLED !
1	FAMELEV FILL	66 DAJDRES FRED LIFE	UNION .
	I PILLET 1 TT	00-11100 1702	
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A CONTRACTOR OF THE PROPERTY O

DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE

REGISTRAR

DECEASED NAME

Chronic obstructive pulmonary disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Congestive Heart Failure 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in the (our) opinion death accurred on the date and hour and from the couses stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN 9000 Franklin Square Dr., 21237 pril 8,1981 Elk Knob Church Cemetery Summers Buria1 24 FUNERAL DIRECTOR BY REGISTRAR 251 REGI Leonard J. Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

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12b. KIND OF BUSINESS OR

LAST

IF UNDER I YEAR

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IF UNDER 24 HRS

2a DATE OF DEATH

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STATE OF MARYLAND

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Miller Inc. -6415 Belain Road-21206

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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3 2 1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8_1	09164
4.00.00	ECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
deoth deoth deoth	Eliza	heth M	Barranger	April 13	8 1981 8:20 A
3. SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
AL IN	Female	White	Feb. 26. 1920	61	MONTHS DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR			COUNTY OF DEATH
35	Maryland	USA	WIDOWED DIVORCED	Baltimore	county
110.0	CITY OR TOWN OF DEATH	AME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	ON 126 KIND OF BUSINESS OR
X	Towson	St. Joseph H		TYPE OF WORK FOR MOST OF	
185U	UAL RESIDENCE (IF NUMBER OF TO STATE	OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION)		arei i ewii nome
	Maryland	100. 0111 0111	imore 13d INSIDE CITY LIMITS?	611 McK	(ewin Avenue
34	FATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
0	Joseph H	H. Quade	, Sr. Lilliar	WIDDLE	Jubb
160	WAS DECEASED EVER IN U.S. AF			ADDRE:	
2		ve war or Dates) 216 01		Barranger	, Jr. Same
		inly one couse per lyer for (a), (b),		Darr anger	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	cause (a), stating the underlying cause last	DUE TO, ORUS A CONSEC	O DEATH BUT NOT RELATED TO THE TER/	minal disease or cond	DITION GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
人 E				YES NO X	YES NO
G. S.	210 ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]
1 3	OR CONTRIBUTING CAUSE OF DE	AIN .	19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR FOW	N COUNTY STATE
E	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFI	LE, FARM, ETC.)	CITYORTOW	COONTI STATE
		oital) attended the deceased from	m) to 4/1	those lost
		at view the body after death.		death occurred an the da	te and hour and from the causes stated
	22b. SIGNATURE	at) view the body after death.	DEGREE	/	22t. DATE SIGNED
	12 Holds	to Lorses	- MO ATTENDING PHYSICIAN	MEDICAL STAF	11.13.81
	1 1000	7000	22e ADDRESS	DIRECTOR PHYSIC	7 7 7 0 1
-	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	226 ADDRESS		1.
/	W = 0	OR PRINT)	()	7600 0	100 An 2120
/	Kosi	ERTO O.	terrar.	7600 Q	sler Dr. 2120
230.	BURIAL, CREMATION, REMOVAL	ERTO 0.	FERRER	7600 Q	sler de 21201
	BURIAL CREMATION REMOVAL	23b. DATE 23b. DATE 4/15/81	HOLY Redeemer	7600 () 23d. LOCATION CITY OR TOWN Balto., TE REC'D. BY REGISTRAR	Md.

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18	1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO		6 5
ny be	(TYP			RSTAD	a /	9.5 /	28 HOUR M G UNDER 24 HRS
	3 SE	MARE	WHITE	S. DATE OF BIRTH MONTH DAY TUNE 8, 1903		MONTHS DAYS	HOURS MIN.
199	N	IRTHPLACE (STATE OR FOREIGN COUNTRY) 6 L KNOWN	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CRY OF	COUNTY OF DEATH	MD.
by the filed with the following the filed with the following the followi	10	ATTI MORE	11. NAME OF HOSPITAL NURSIN (IF NOTIN SUCH FACILITY, GIVE STREET 3701 1440R	NG HOME OR OTHER INSTITUTION ADDITION TO THE PROPERTY OF THE P	120 USUAL OCCUPATIO		F BUSINESS OR
hin 24 haur Ely filled in should be f	13a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR YTY 13C, TIPY OF TOW TARKUL	13d. INSIDE CITY LIMITS?	3700 TA	49 L 5 PC	AVE.
with add and add add add add add add add add	14. F.	ATHER'S NAME FIRST NOT KA	MIDDLE LAST	15 MOTHER'S MAIDEN NA	KNOWH MIDDLE	LAST	
Poges	160	WAS DECEASED EVER IN U.S. AR	MED ECRCES? 166 SOCIAL SECTION OF DATES 388-45-4	924 PAIL	ADDRES I RÉCORUS	S.	
ires that the death certificate by gned by the attending physician in please remove carban papers. burial, cremation, ar removal.		PART I. DEATH WAS CAUSE HOME IMMEDIA Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ENCE OF	ainal disease or cond		MATE INTERVAL
w requirements of the signal o	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FINDING IN CERTIFYING CAUSES (
HYSICIAN: nding phys ris certifica burial-tra I Mental H; ar Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH D	19 211 LOCATION	RED (ENTER NATURE OF INJURY		STATE
SPITAL OR ATTENDING P d by the haspital or atter INERAL DIRECTOR: After th be detached for use as the as State Dept, of Health and stant: if hem 21 is marked		22e.1 certify that (1) (this hasp	man directors inc deceased from	ond that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	depth accurred on the do	te and hour and from the c	
TO HOSPITAL retained by the TO FUNERAL should be det with the Stofe IMPORTANT:		FALLERD	P. Louw	1 0 1 1 7 V	ARFOR	Drd.	21234
BP		SUPPLICATION, REMOVAL	82 = 4 0.4	ARLWOOD LEMEZERY	23d LOCATION /	NO.	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Chave 88000 No	INTERE RD AP	R 2 9 1981	Sh. RECONTRAR'S SUPPLY	heady

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(VRA 15, 4)

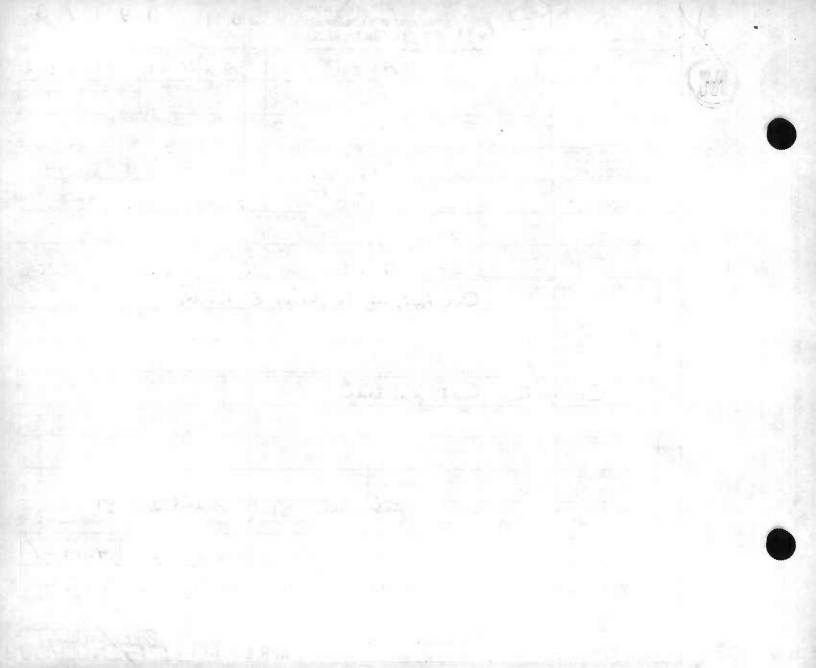
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
**O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be etained by the haspital or ottending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond campletely filled in by the International pages should be detached for use as the busiot-transit permit. Then please remove carbon pages. Pages I and 2 should be the destruction of the state of the state of the other and Mental Hygiene prior to busiof, cremation, or removal.

2/1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0 9 1 6 9
	ECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
be different	GEORGE	J. BAUHAUS	APRIL 7 1981 1030
OE 3.5	EX 4	RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
de 4	PALS	WHITE JULY 9 1923	YRS. MONTHS DAYS HOURS MIN.
å 3 7a	BIRTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY? 8.	9. BALTIMORE CITY OR COUNTY OF DEATH
to the second	PARYLAND	U.S.A. WIDOWED DIVORCED	BALTIMORE COUNTY MD.
10	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	ARKVILLE	2510 HILLCREST RYS.	WILDING ELECTRIC
rin 24 hours hours be er must b	JAL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT		130. STREET ADDRESS 2510 HILLCREST AVE
- 0 C E 114.1	ATHER'S NAME	DDLE LAST FIRST	ME MIDDLE LAST
w below in the day of	ANTHONY W	- BAUHAUS LOREZTT	A R. CASSIDY
m ond co	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
s. Poo	No	220 14 0275 FAMILY	RECORDS
is that the death certificate be ed by the attending physician please remove carbonopers. rind, cremation, or removal.	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost.		myocardial Infarotton diovascular Disease
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in. has bee permit. rine prior was ony	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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or othending plant or othending plant after this certifies as the burief the olih and Mental marked or them	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE MRM, ETC.) 21I. LOCATION STREET	CITY OR TOWN COUNTY STATE
pitol or or TTENDIN TOR: Afr	22a certify that (I sow the d	Dattended the George from No. and that in (my) (see Popinion	death occurred on the date and hour and from the causes stated
	22b. SIGNA UNE	view the bolly or at death. DEGREE	22¢ DATE SI NED
	Otas	ATTENDING PHYSICIAN	MEDICAL STAFF UPPSICIAN 498
HOS bined FUN buld b	FRANK T. KE	ASIK JC. M.D. 120. ADDRESS	ARFORD ROAD-PARKVILLE
€ 5 € 5 ₹ ₹ 230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE
BP	BURIAL	4 10 1981 MORELAND MEM. PK	· PARKVILLE BALTO MO.
DHMH-16 30M 2/80	UNERAL DIRECTOR	ADDRESS 25a DA	TE REC'D. BY REGISTRAR 15. REGISTRAR 5 II NA JONE
(VRA 15, 4)	VANS FUNERA		R 2 J 1981

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

24. FUNERAL DIRECTOR

NAME

DHMH-16 30M 2/80

(VRA 15, 4)

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FOR - STATE

REGISTRAR

IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTO CO 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e. STREET ADDRESS Balt., Md. 21239 6901 Donachie Rd. Apt. B Robb Balt., Md. 21239 6901 Donachie Rd. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (m) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Baltimore "Maryland STATE Parkwood Cemetery Apr 15,1981 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGIST R'S SIGNAT RE DHMH-16 30M 2/80 Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

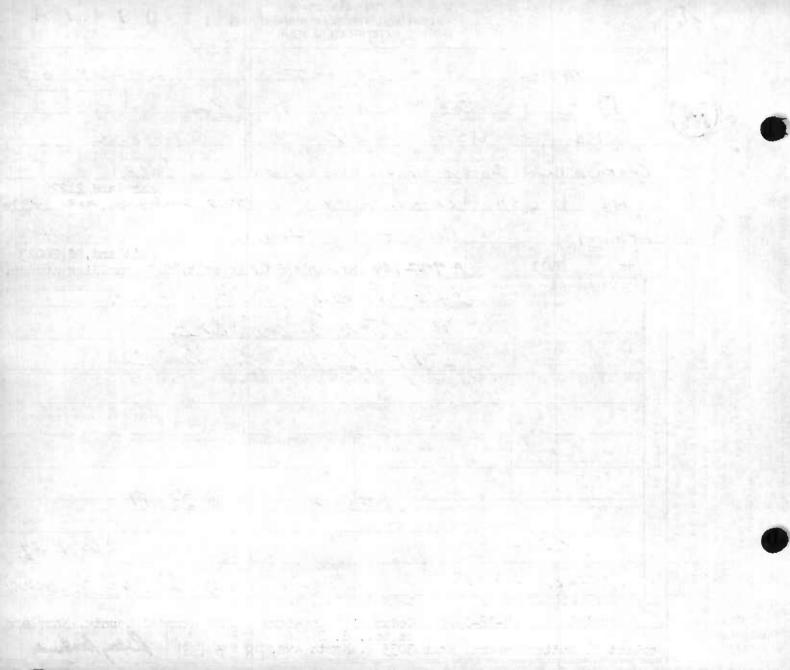
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO AAIDDLE 20 DATE OF DEATH MONTH L DECEASED NAME DAY YEAR 7h HOUR TYPE OR PRINT Indrew 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CHINTRY atons ville WIDOWEDID DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION A CITY OF TOWN OF DEATH 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY atonsu haven nursing ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 21228 134 INSIDE CITY LIMITS? 13a STATE 13b COUNTY 113c CITY OR TOWN 7BAMInTers Avenue. Catonsville 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bennett ADDRESS Suitland, Md. 20023 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWll Yes 2010 Spaulding Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per lune to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE PRESTON Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 21f LOCATION ŏ 71d INJURY OCCURRED STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on. ____, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DIRF 22b. SIGNATURE 224 DATE SIGNED DEGREE 1000 ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRES ld b 9 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) BP Buria Cemetery Anne Arundel County, Maryland 24 FUNERAL DIRECTOR ADDRESS Balto . Md. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4)) E. Nutter Funeral Home 3035 W. North A

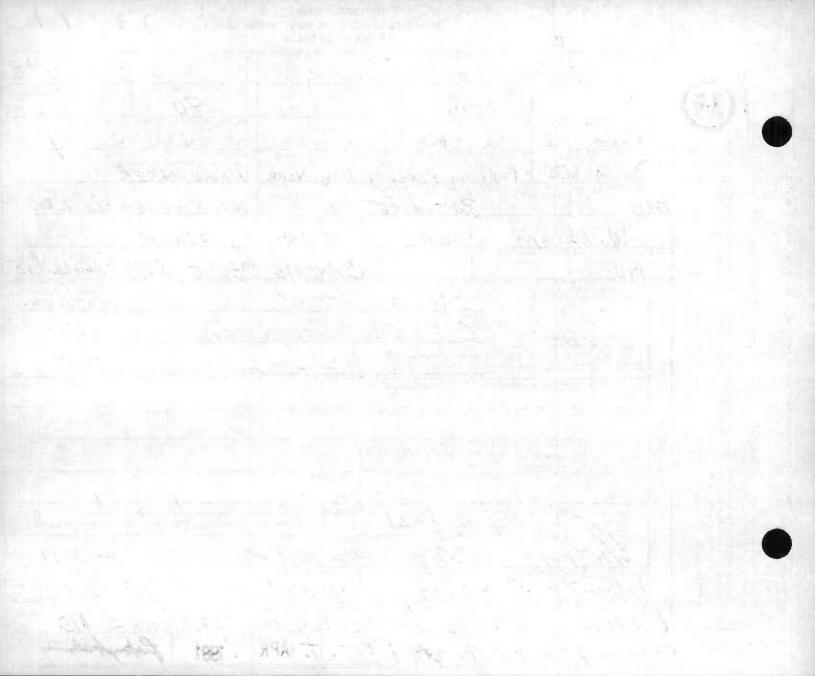


V. ... BENNETT, SR. L. L. OL 21 ET ET ET ETERM White 000, 30,1920 60 A. S. U. Braine BALTIMORE - 6701 M. CHARLES STREET D. BORTONIAN PAREL bryland Balto. Pericton x x 19516 Downsa Road depredently from disdettly france .I espec 19516 Former Load Yes 1921 215-12-3744 Ethel sendent Tar ton, Laryland .0.7.0.3.4 ACUTE H. I. -CARDIGRAL MONARY ARREST 18 17 18 /11 /12 13-13-13 GRENTER BALTIMERE HEDICAL CENTER Surjet | State State of Constant Strites, dates, Md. Yew Freedom, In. 1981 Styles

- 17	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 1 C	9 1 7 6
oge 3 deoth	1. DECEASED NAME FIRST (TYPE OR PRINT)	NJF 8	BERELL	20 DATE OF DEATH MONTH	22 81 7 45 P
de de	3. SEX FEMALE	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 20 13	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
19	70. BIRTHPLACE (STATE OR FOREIGN NEW YORK	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED [9 BALTIMORE CITY OR COLL	NTY OF DEATH
by the trilled with	10 CITY OR TOWN OF DEATH RANDALLSTOWN		OF HOME OR OTHER INSTITUTION.	120. USUAL OCCUPATION (TYPE OF WORK TO MOST OF WORK) HOUSEWIFE	12h KIND OF BUSINESS OR
ond 2 should be file	FLORIDA	LAUDER!		IN CYPET LODGES	PT. 202 IR. SO. 33319
7506	14. FATHER'S NAME LOUIS	MIDDLE BILLIO		1.100.018	UNKNOWN
popers. Poges lovol.	160 WAS DECEASED EVER IN U.S. (YE NO OR UNKNOWN) (IF YES	ARMED FORCES? 16b SOCIAL SECULOR SIZE WAR OR DATES 147-50-8	R499	MORRIS R. BERELL	6300 FALLS RHILL, FI 33319 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nst permit. Then please remove corb regione prior to burial, cremotion, or shows ony injury, or other froumatic	Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE TO CONDITIONS CONTRIBUTING TO TATIC THE CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? [20b. IF	GIVEN IN PART I(0) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO D
olth and Mental Hygier marked or Item 18 sho	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH D	19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM	
NAT: If Item 21 is	sow the deceased alive	not) vie© the body ofter death	DEGREE ATTENDING PHYSICIAN	n death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	19_8/_, that (I) (we) lost hour and from the causes stated 22c. DATE SIGNED 4-22-8/
should be der with the State IMPORTANT:	UNDYAL A	V. REDBY	220 ADDRESS RAC. RANDALLS. NAME OF CEMETERY OR CREMATOR:	10. COUNTY GE 10AW - MB - 2 1 123d LOCATION	N. HOSPITAL
	(SPECIFY CREMATION	4/25/81	LOUDON PARK	BALTIMORE	COUNTY STATE MARYLAND
OM 1/81 5, 4)	24 FUNERAL DIRECTOR SO	OL LEVINSON & BROS		PR 2 9 1981	ALS SIGNATURE

APR 28 1981 H 2 194

(0	STATE OF MARYLAND POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 9 CERTIFICATE OF DEATH REG. NO.	177
9 9		DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY	8/ 12 HOUR
(M)	3.	SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 3. DATE OF BIRTH MONTHS FIND UNDER FOR AGE (IN YEARS LAST BIRTHDAY) MONTHS OF AGE OF A	ERIYEAR IF UNDER 2-
Par ZZ	5		ounty
e fied with	0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IE NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) PERCINA PARKWAY NSG HOME SUAL RESIDENCE (IF MURICIPA OF MURICIPA OF MORE) SUAL RESIDENCE (IF MURICIPA OF MORE) SUAL RESIDENCE (IF MURICIPA OF MORE) SUAL RESIDENCE (IF MURICIPA OF MORE) THER INSTITUTION GREET STORE ADMISSION)	. KIND OF BUSINES DUSTRY
shauld b	5/	STATE BALTIMORE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 15 NO 16/10 RAMBLE WOO FATHER'S NAME	ON RD
complete s 1 and 2	0	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS	LAST
sicion and co	2	(YES, NOOBLINKNOWN) (IF YES, GIVE WAR OR DATES) UARFNOE BEWIG 8219 F. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	DWILL F.
ng phy rbanpa r remov		PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) CARAIGE HEREST.	4 Allei
he atter emave c ematian, er traum		Conditions, if any, which gove rise to immediate (b) CEREPJEAI HISTERIOSCIEROSIS	1/25-
n signed by t Then please r taburial, cre		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	YRS-
has been permit.	7	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH
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ВР	1	SURIAL 4/6/1981 DAKLAWN CEMETERY DALTIMORE	ATY MX STA
AH-16 30M 2/80 (VRA 15, 4)	X	FUNERAL DIRECTOR APR 1981	SIGNATURE

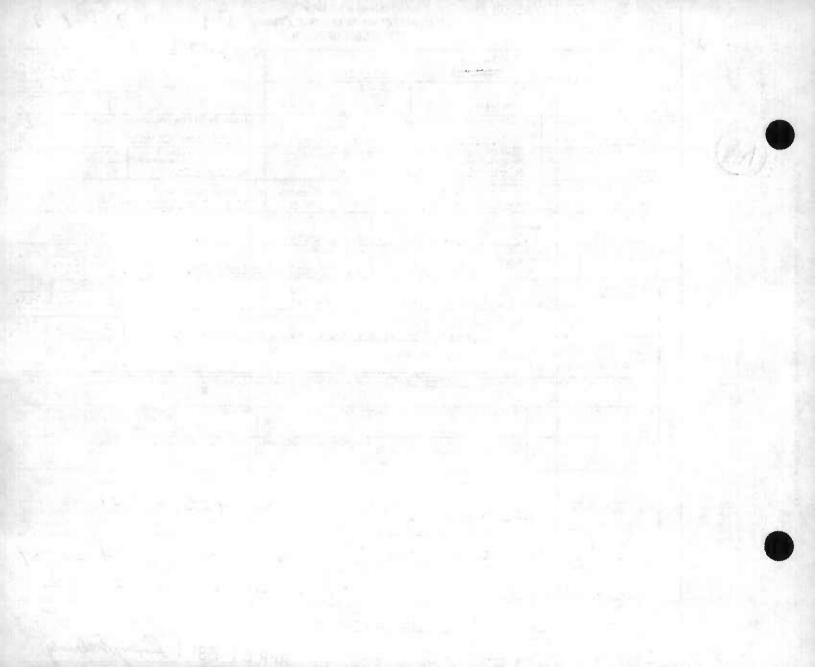


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1	14. F/	ATHER'S NAME		MIDD	DLE	LAST		15. MOTHER'S A		MIC	ODIE		IAST -
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	16a. V	WAS DECEASED ES, NO. OR UNKNO	DEVER IN U.S.	ARMED F	ORCES?	16b. SOCIAL SE		17. INFORMANT				ow Road	(1 010/
		no					6305	Inez Bi	iddinge	r Ell	Licott	city, I	id. 2104
I		18. CAUSE O	F DEATH (Enter	anly ane	cause per line	far (a), (b), and (5	0 10 5	1			AF DETV	PROXIMATE INTERVA
1		1100		IATE CAL	, , , , , , ,	61,0	J. (, V _				7	0,012
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	4	lying cau	stating the <u>und</u> se last.	er-	DUE TO, OR	AS A CONSEQUE	NCE OF						
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	z	PARE 2 OTHER SIG	GNIFICANT CONDITIO	INS CONTRIB	BUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL OISEA	SE OR CONDITION GIVE	N IN PART 1 (a).				
-	TIO	19e. DATE OF	OPERATION		Ties CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED				100 4	LITORCVO
1	CERTIFICATION				178. CO14DII	HOHTOK WHICH	O'EKATION !	TAS FERFORMED					UTOPSY?
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		AT WORK	AT WORK								/		
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		death resulte	ed from: No	tural cau	ses 💆,	Accident,	Suicide	, Hamicide	Undet	ermined mar	nner,		
		ACTUAL)KI	11/	DIA		AP.	TITLE (SPECIF	1-11			DATE 44.	10/01
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ı	23e.B	URIAL, CREMAT	ION,REMOVA			23c. NAME C	F CEMETERY	OR CREMATORY	CITY	CATION OR TOWN		COUNTY	STATE
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1	24. FI	NAME	TOR		ADDRESS			25a. D	ATE REC'D. BY		135. RE. AT	AND SHE	Hirody
	SL	ACK Fun	eral Ho	me .E	llicot	t City, M	aryland	21043	ADD 1	1981	1		/

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May 1	e Q		TY OR TOWN OF DEATH	11. NAME OF H		NG HOME OR OTHER	INSTITUTION	12a USUAL OCCUPAT		126. KIND OI	BUSINESS
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s been signed by the ati iit. Then please remove prior to burial, cremati	vs any injury, or other	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO, OR (c) NT CONDITIONS CO				MINAL DISEASE OR CON	20b. IF YES, V	IN PART 1(o	GS USED
# C	shows	TIFIC						YES NO	IN CERTIFYII	NG CAUSES	OF DEATH?
te ha	00	-	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.A	M. MONTH D	PAY YEAR	W INJURY OCCUI	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART	T OR PART 2)	
hysician. certificate ha I-transit pern ntal Hygiene	Item	₹ .	1" LITTLE, INVIET MEDICAL BAAM				ATION			COUNTY	STATE
ng physician. this certificat urial-transit p Mental Hygi	5	EDICA	21d. INJURY OCCURRED	21e PLACE C	FT FACTORY OFFICE	EARM STC) ZII LO	TREET	CITY OR TO			SIMIE
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	1 -	STATE REGISTRAR		CER	OF HEALTH AND MENTAL H TIFICATE OF DEATH	REG.			
		EASED NAME OR PRINT) J	DSEPH	J B	OGAR Jr	20. DATE OF DEATH	4 07	81	6:30A
A	3. SEX	М	4. RACE		TE OF BIRTH 02 5 DAY 23	6 AGE (IN YEARS LAST	YRS	NTHS DAYS	HOURS MIN.
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e matter Z		SON, MD.			HARLES AT.	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS Machine o	T OF WORKING LIFE)	12b. KIND OF INDUSTRY Mon . L.	BUSINESS OR
71	13a. S	L RESIDENCE (IF NURSING TATE Tyland	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Baltimore	YES NO NO	7 E. Eage	s er Stree	t	
90		THER'S NAME FIRST Beph	MIDDLE	Bogar Sr	Veronica	WIDDLE		Kotch	
2		AS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	16b SOCIAL SECURITY N 216 12 3924		ar 6805 5th	Avenue	21222	NATE INTERVAL
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	A!	OR CONTRIBUTING CAL (1F EITHER, NOTIFY MEDICAL 21d, INJURY OCCURRED	EXAMINER) P	.M.	19 21f. LOCATION				
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		OR PRINT)	FIRST	IAH	MIDDLE	IR F	BOONE	2a DATE OF	DEATH MONTH	DAY YEAR	The Hour
	3. SE	(20,015	4 RACE	, ,	5. DATE	OF BIRTH	6 AGE LINYE	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
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اد الد		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN O	F WHAT COUN	TRY? 8 MARRII	NEVER MARRIED	9 BALTIMOI	RE CITY <u>OR</u> COUNT	Y OF DEATH	
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ui Kuo smo	CERTIFICATION	19a DATE OF OPERA	TION	196 CON	DITION FOR W	HICH OPERATION	ON WAS PERFORMED	20a AUTO	IN CERT	S, WERE FINDIN	
48 gm		21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTERNAT	TURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
marked ar 11	MEDICAL	21d. INJURY OCCUR	HILE []		E OF INJURY STREET, FACTORY, OF	FICE, FARM ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
If Item 21 is		220. I certify that (I saw the decease above, (I) (we) ((this hospited alive an	4 -	20-	(3)	nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	death accurred	_ STAFF	/	
MPORTANT		22d. PHYSICIAN'S N	CH C	PPRINT)	HOL	VCF	Pallenier	o Cou	nty 90	neral	Hosp
/1		URIAL, CREMATION, SPECIFY) Bu	REMOVAL rial	23b. DATE 01-23		23c. NAME OF Crest	CEMETERY OR CREMATORY	23d. LOCA		loward	Me

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 50M 1/81 (VRA 15, 4) 74. FUNERAL DIRECTOR
Harry H. Witzke F.H. 4112 Columbia Rd

retained by the haspital ar attending physician.

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STATE OF MARYLAND

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a A	I. DE	CEASED NAME JA FIRST OR PRINT)		N a	Bi	RADY	2e DATE OF DEATH	H-25	- 8 1 2h +	2 PM
age 4 ma	3. SE	' M	Blac	R	5 DATE O	FBIRTH PAY - 2 YEAR 3	6 AGE (IN YEARS LAST OR	THDAY) IF U		NDER 24 HRS
death. Puneral th	1 0	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF W	A	WIDOWE		Baltimore City of	Salter	nore	MD.
by the fled within	Ro	indalls down	Backen	FACILITY, GIVE STREET	ADDRESS)	s Coneral	(TYPE OF WORK FOR MOST O		12b. KIND OF BUS INDUSTRY	SINESS OR
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IDING PHYSIC ittending physic After this certi is the burial-tra ith and Mental I marked or Iten	MEDICAL	(IF EITHER, NOTIFY NED CALE AT 214 INJURY OCCUPRED WHILE ATWORK ATWORK	P.M.		19	211 LOCATION STREET	CITY OR TO	My e	COUNTY	STATE
OR ATTEN hospital or a DIRECTOR red for use a rept. of Heal f Item 21 is		22a I certify that (I) (this has sow the diffeosed alive a above, (I) I we I (alid) (I id n 22b. SIGNATURE)			0 1	d that in (my) (our) opinion of	death occurred on the d	FF_		
TO HOSPITAL retained by the TO FUNERAL should be detact with the State DIMPORTANT: I	1	PHYSICIAN'S NAME (TYPE	VIRE	BDY		RAXIDALLS	to Co. a	EN Ho	21133	
BP		URIAL CREMATION, REMOVA	1 23h DATE	K		emorial Pk.			e-0	STATE
DHMH-16 25M (VRA 15, 4) 1/79		eroy O. Dyet	+ 4600	Libert	у Не	ights AVAP	R 28 1981	high	1/Killing	4

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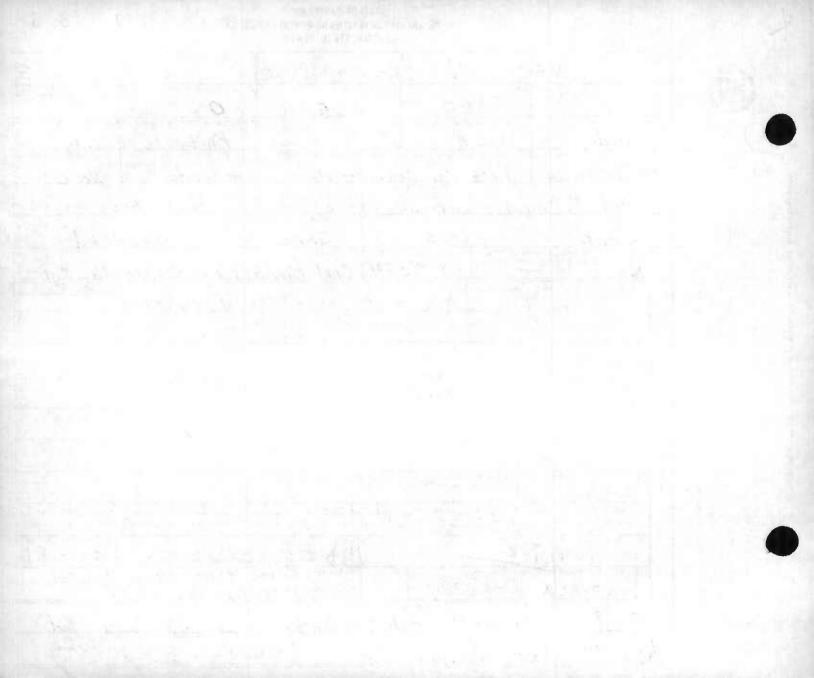
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415 Monton Place Ant. Leo

unril derslog, 1011 college. to law 20150. Fd

			FOR STATE REGISTRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 REG. NO	09185
(A)			CEASED NAME STREET	A/RACE	RANDENBURG IS DATE OF BIRTH	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 2 HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
				CAUC	MONTH DAY YEAR	70	MONTHS DATS HOURS MIN.
deoth. Pr unerol di un 72 ha	35		md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UDVORCED DIVORCED	BALTIMORE CITY OF	BRE COUNTY OF DEATH ORE COUNTY MD.
E	55	K	And Allstown	11. NAME OF HOSPITAL, NURSIN	en. Hospital	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	
24 h	35	130 5	STATE Md. CAR	GIVE RESIDENCE BEFORE ITY ISC CITY OR TOWN RELL SYKESVILLE	YES NO	13e. STREET ADDRESS	Ave.
mpletely ond 2 sh	6C	14 FA	SANK	MIDDLE EVANS	15. MOTHER'S MAIDEN NA.	WE	Wondard
Poge	-		VAS DECEASED EVER IN U.S. ARI VES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES! 218 78 3	RITY NO. 17. INFORMANT	lenburg S	Resville Md.
ertificate ig physic bon pope removal.			PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), one DBY: E CAUSE (o) ACUT	E Myocardis	AC INFAR	APPKOXIMATE INTERVAL BETWEEN ONSET AND DEATH
y the ottending e remove cork cremotion, or			Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF		
the d b			couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE			
0 1		NOI	PART 2. OTHER SIGNIFICANT	DERTENSION	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	OTTON GIVEN IN PART 110
The low riction.	2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
IYSICIAN: The low reding physicion. is certificate has been buriol-fronsit permit. Mental Hygiene prior	CA		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CADEA (IF EITHER NOTIFY MEDICAVEXAMINER	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19 21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART?)
G Prenth er th	5	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
STOR for us			220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (well did) (aid no		ond that in (my) (our) opinion	deoth occurred on the dot	te and hour and from the couses stated
by the hor ERAL DIRECT e detoched Stote Dept.			226. SIGNATURE	8K	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
to HOSPITAL etoined by the TO FUNERAL should be deto	1		UNDYALA	VDREDDY.	RANDAUS FO	WN, MD,	21133
BP		23a E	URIAL, CREMATION, REMOVAL SPECIA)	123b. DATE / 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	CANAL MASTATE
DHMH - 16 50M 1/8 (VRA 15, 4)	1	24 FL	NERAL DIRECTOR HAIR	ht Sylcourille	Md.	R 2 0 1981	Sb. REGISTRAR'S SIGNATURE



10	1 -	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	, , :	3 1
'	I. DEC	EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONT	H DAY YE	AR 2b. HOUR
1,	(TYPE	OR PRINT) Iris	Marie	Brian	n	4	8 198	
	3. SE)	(4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY		YEAR IF UNDER 24 HRS
		Female	Cauc.	11	11 1914		YRS.	
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	ED St NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEAT	TH
1		laryland	U.S.A.	WIDOW		Baltimore	County	MD
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME		120 USUAL OCCUPATION		ND OF BUSINESS OR
0		Towson	Towson Co	nvales	cent Home	Secretary	KING LIFE) INDUS	S. Gov't
	USU	AL RESIDENCE (IF NURSING HOME	PROTHER INSTITUTION GIVE RESIDENCE BUTY 13c. CITY OR 1	EFORE ADMISSION	A 12 L IN CIDE CITY LIN ITC2	13e STREET ADDRESS		Way
4	130. 3		ltimore Tows		13d. INSIDE CITY LIMITS? YES ☐ NO 🔀	1131, Apt. D.	Charl	es View
	14 FA	THER'S NAME		7011	15. MOTHER'S MAIDEN N	AME	. 01101	
32		FIRST	verov Reb	hol	Gertrude	WIDDLE	Dran	LAST
~	16a V	John L VAS DECEASED EVER IN U.S. A		ECURITY NO.	17 INFORMANT	ADDRESS	Dian	View Wa
П			IVE WAR OR DATES)	3-5359		Brian, 1131, A	pt. D. C	Charles
					7100000		-	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	only one couse per line for (o), (b) SED BY:), ond (cl.)	COMA			2 UKS
1	1 5		ATE CAUSE (o)	1//				- WX 3
- 1		5/12	DUE TO, OR AS A CONSE	QUENCE OF	c alpettos	15 OF LIVE	-R 5	8 4RS
		Conditions, if ony, which gove rise to immediate	(b) LAEN	MEC	3 6/60/103	12 0. 200		,
		couse (o), stoting the	DUE TO, OR AS A CONSE	QUENCE OF				
		underlying couse lost.	(c)					
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PA	RT 1(01
	CERTIFICATION	19g DATE OF OPERATION	196, CONDITION FOR WE	HICH OPERATE	ON WAS PERFORMED		. IF YES, WERE F	
1	IFIC					YES TO NOTH	CERTIFYING CA YES	USES OF DEATH?
줆	ERT	71a. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN I		
7		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR	3			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION			
	MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY OR TOWN	COUN	STATE
		AT WORK AT WORK		- 6/	1/62	4/81	18/-	24 17 193
			ottended the deceased fr	_	14/60/19			, that (I) (#4) lost
		sow the deceased alive of obove, (I) (**********************************	ot) view the body after death.	19	and that in (my) (aux) opinion	n death occurred on the date o	nd hour and from	m the couses stated
		22b. SIGNATURE	1151 11	/	DEGREE	ALEDICAL STATE	226.	DATE SIGNED
		1.00	wwwsor	//	ATTENDING PHYSICIAN	MEDICAL STAFF	· 4	19/0/
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	PENNA AU.	TAUS	an med
1		T. C. S	IMINSKI		206 W.	TEMMENTO.	10000	11.14
		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23t. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Burial	4/11/81	Parkw	ood Cemeter		Balto.	Maryland
	24. F	UNERAL DIRECTOR			25a. D	TEREC'D. BY REGISTRAR 256.	REGISTRAR'S SK	ANA BERNALE
		Martin D. La	wson 10 W. ADD	Padonia	a Rd.	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	herbord	7

STATE OF MARYLAND

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0		1	STATE REGISTRAR				CERT	FICATE OF DEATH		REG. N	10.		
			EASED NAME	FIRST		MIDDLE		LAST	2a DA	TE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
oge 3 death		(14hF	OR PRINT)	CHAR	LES	CARR	OLL BF	EDEKAMP	Ap	ril 26,	1981	100	9:15p
0	. 1	3 SEX							6 AGE		RTHDAY)		IF UNDER 24 HRS
AL AND	М		Male		Wh	ite	Jan	24 1922 YEAR	59	9	YRS.	AONIHS DAYS	HOURS MIN.
IVI.	1	. BI	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN	OF WHAT COU	INTRY? 8		9 BA11	IMORE CITY	OR COUNTY	OF DEATH	
1 5	35	Ma	ryland	20.0	US	A			□ Ba	ltimore	Count		ME
d with	17			ATH 1								126 KIND C	E BUSINESS OR
	1	Ro	ssville		Fran	klin Squ	iare Hos	pital	Ren	pairman	or working tire	Telep	hone Co
must be	35	13a S	TATE	113h COUNT	Y	13c. CITY O	RTOWN	113d. INSIDE CITY LIMIT	S? 13a. STF	REET ADDRESS 208 East	cern A	ve. 212	20
iner	-		THER'S NAME					15 MOTHER'S MAIDEN					
Was.	30						ASI	FIRST	Helen		150	LAS	
0	70		AS DECEASED EVER	IN U.S. ARM	ED FORC	ES? 16b. SOCIA	AL SECURITY NO.	17 INFORMANT		ADDR	ESS		
nedic	1	()	ES, NO OR UNKNOWN)	LIF YES, GIVE	WAR OR DAT	ean 220.	-03-4588	Rosalie Ba	redekan	m S	me	1000	
the t	1							1-10-002-20-21	r odoman	110	all it.	APPROX	MATE INTERVAL
ent,			PART I. DEATH V	VAS CAUSED	BY:	Duntur		minal Aortic	Aneur	vsm		BETWEEN	DINGET AND DEATH
ē é			111110	IMMEDIATE	CAUSE (Naptai	ca noao	minu nor cre	Micui	Join			
n, or			7413		DUE T	O, OR AS A CON	SEQUENCE OF	tic Cardio-v	vaccula	r Disas	020		
atio					(b) Arter	osciero	cic caruio-v	vascuio	II DISCO	136		
ther			couse (a), stati	ng the	DUE T	O, OR AS A CON	NSEQUENCE OF					- X	
ar a					(()							
ion,		Z	PART 2. OTHER SIG	NIFICANT CO	MOITIGME	AS CONTRIBUTION	NG TO DEATH BU	INOT RELATED TO THE	TERMINAL DI	SEASE OR CON	ADITION GIV	EN IN PART 10	31
		ATIC	19a DATE OF OPERA	TION	19h C	ONDITION FOR	WHICH OPERAT	ON WAS PERFORMED	70g	AUTOPSY?	20b. IF YES	, WERE FINDIN	VGS USED
ws o		F							VEC	M NOU	IN CERTIF	YING CAUSES	OF DEATH?
ygie	0	ERT	71n ACCIDENT WAS UN	DERLYING	21b. TI	ME OF INJURY		21c. HOW INJURY OC					NO L
138 n	9				110011			3	, , ,				
Her	1	0				P.M.	15						
dor dor		WED					OFFICE FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	NWC	COUNTY	STATE
rke		1	AT WORK AT WO	ORK					4	- 1	26	01	
e all	. 1		22a.l certify that	(this hospite	ol) attend	ed the deceosed	03	, , ,	, 10			,	that K (we) los
2 H			sow the deceos	ed olive on_	Apr	body after death	_1981_,	and that in (n) (our) opi	inion death oc	curred on the c	lote and hou	r ond from the	couses stoted
fem tem			22b. STGNATURE	-	view inte	oody arrest dearn		DEGREE		-		22c. DATE	SIGNED
n			20	Luc	-	~			NG MEDI	TOR PHYSI	CIAN C	- 4.	-26-81
Sta	1		22d PHYSICIAN'S N					22e ADDRESS					
MARRED SINEMPLACE (SAME OFFORCES) PARTICULARLY DEATH NO COUNTY MARRED SINEMPLACE (SAME OFFORCES) PARTICULARLY OF WHAT COUNTY OF BEATH NO COUNTY MARRED SINEMPLACE (SAME OFFORCES) PARTICULARLY OF WHAT COUNTY OF BEATH NO COUNTY MARRED SINEMPLACE (SAME OFFORCES) PARTICULARLY OF WHAT COUNTY OF BEATH NO COUNTY MARRED SINEMPLACE (SAME OFFORCES) PARTICULARLY OF WHAT COUNTY MARRED SINEMPLACE (SAME OF WHAT COUNTY) MARRED SINEMPLACE (SAME													
N W		23a. B	URIAL, CREMATION	PACE S DATE OF BIRTH S D									
		/	Burial		4-30	-81	Garder	s of Faith	Cem. I	Baltimo	re Cou	nty. Ma	rvland
		K	-		Aut .							9 1	V

nzdzinski Funeral Jone A 1467 Old Eastern Ave APR 27

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		REG. NO.	0 9		88
be age 3		CEASED NAME FIRST	vd	Homer	BR	177	20. DATE O		DAY B	YEAR Q	26 HOUR
ge 4 may bu Tipr, page offer deat	3. SE	MALE	1 RACE	ITE	5. DATE O	DAY YEA	AR	rears Last BIRTHE	YRS	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
Street, Pos		IRTHPLACE (STATE OR FOREIGN COUNTRY) issouri		F WHAT COUNTRY	? 8 MARRIE WIDOWE	DX DIVORCE		recityor	COUNTY OF		MD
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makiner of within and 2 sh	14. F.	ATHER'S NAME WOOD	MIODLE M	Britt		15. MOTHER'S MAIDE Effie	EN NAME	MIDD1:E	(Unkne	own)
n and co		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES Yes	ARMED FORCES? GIVE WAR OR DATES) WW I			17. INFORMANT A Bert R	. Cramer	ADDRESS , 400		ewood	d Ave.
quires that the death certificate signed by the attending physici hen please remove carbon paper to build, cremation, or removal.	NO	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMED IMMED IMMED IMMED IMMED IMMED IMMEDIATE IMME	DUE TO, (c)	OR AS A CONSEON OR AS A CONSEON	UENCE O	Luc	E TERMINAL DISEAS	e or condit	ION GIVEN I	11/2	MATE INTERVAL INSET AND DEATH
The law rediction. The law rediction. The law rediction. The law rediction.	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTO		Ob. IF YES, WE N CERTIFYING YES		
TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or attending physician TO FUNERAL DIRECTOR. After this certificate should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygis improrements.	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE SOW the deceased olive above, (I) (wee) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TO WAR TO THE NAME OF THE NAME (TO WAR TO THE NAME OF THE NAME (TO WAR TO THE NAME (TO WAR TO THE NAME OF THE NAME (TO WAR TO WAR TO THE NAME (TO WAR TO WAR WAR TO WAR WAR WAR WAR WAR WAR WAR WA	21e. PLACI (AT HOME. S DESPITED) attended to the service of the s	ly ofter death.	FARM. ETC)		Binion death occurre ING MEDICAL IAN DIRECTOR You IC. 1	CITY OR TOWN A THE date STAFF PHYSICIAL	ond hour and	from the co	18/8/
ВР		Burial, Cremation, Remove Burial	Apr.9	, 1981	Garde	ns of Fa	ith OVE	rlea,	Balt	imor	e, Ma.
DHMH-16 30M 2/80 (VRA 15, 4)	6	OBERTOR. AL	Rd., B	alto.,	Md.	E INC. 13 21214	APR 10	1981	girger,	gran	-/

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

1981

26 HOUR

126. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Ma

COUNTY

COUNTY

22c. DATE SIGNED

INDUSTRY

IF UNDER 24 HRS

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP.

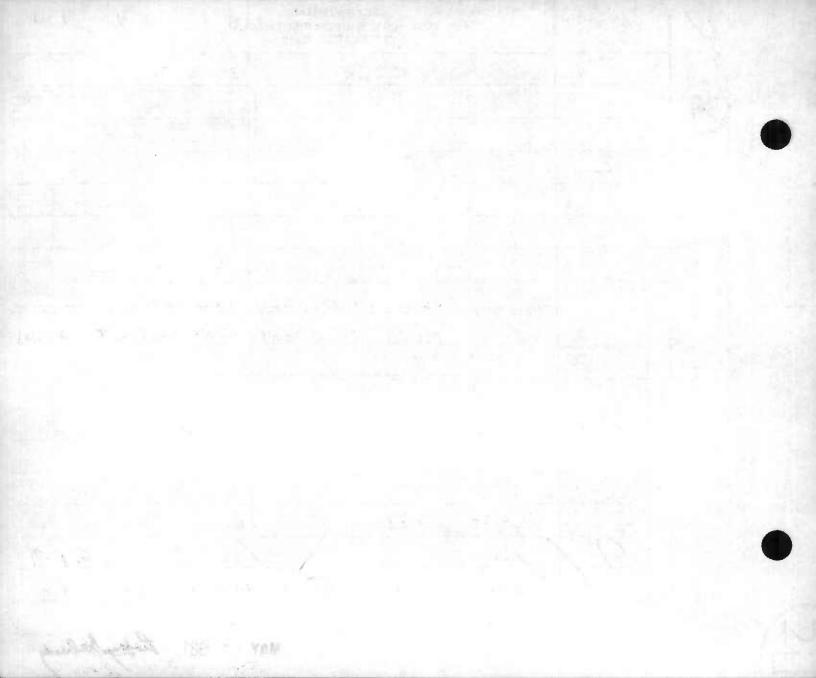
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(VRA 15, 4)

- STATE

REGISTRAR

Burial Arbutus Mem Park Arbutus 24 FUNERAL DIRECTOR Wm. "C. March F/H 1101 E. North Ave.



	Ľ.	STATE REGISTRAR CEASED NAME FIRST	ART	HUR '	ERTIFICA	TH AND MENT	H 20 1	REG. N	MONTH E	DAY YEAR	24 HOU
Section 3		OR PRINT) CHARI	ES	BRUNDI	RETT			APRIL 2	9, 19	81	8:5
ALAN .	1. SE:	Male	Cauc.	15	DATE OF B	DAY YE	AR	GE (IN YEARS LAST BI			HOURS
CALL DE	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WE		MARRIED C	NEVER MARRI	ED 🗆 9 B	ALTIMORE CITY	OR COUNTY	OF DEATH UNTY	
by the time iled with the following the foll	10 C	Maryland TY OR TOWN OF DEATH COWSON		SEPHSING		THER INSTITUTION	ON 12a	USUAL OCCUPATE OF WORK FOR MOST	OF WORKING LIFE	E) INDUSTRY	
filled in b lould be fill	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		ve residence before ad CCITY OR TOWN Timoniu	¶ 13d	INSIDE CITY LIA	AITS? 13.				- 7//
mpletely ond 2 sh	14. FA	THER'S NAME Arthur Rol	ert B:	rundrett	15	MOTHER'S MAID FIRST Jess		. W.		Hosha	11
physician and col appopers. Pages 1 emoval.	160 V	VAS DECEASED EVER IN U.S. AI		5 SOCIAL SECURIT 2 15 - 10 - 13		Carrie		indrett,	218 . E	allsb	rook
ed by the offendi pleose remove cor rriol, cremotion, or , or other froumoti		Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost	((c)	AS A CONSEQUENCE	MA (LON,	METAST	TATIC	4	
on. hos been sign t permit. Then iene prior to bu	CERTIFICATION	HYPERTEN 190 DATE OF OPERATION	SIVE CA		ULAR	DISEI	ASE 21	DISEASE OR COI	20b. IF YES	, WERE FIND YING CAUSE	NGS USER
or PHYSICIAN: The identity of the identity of the buriol-tronsit per ond Mentol Hygiene ced or Item 18 shows		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	Ain I	MONTH DAY	YEAR	c. HOW INJURY (OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18, P.	ART I OR PART 2)	
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OTOR for us of He		22a. I certify that (I (this hasp sow the deceased alive or above, (Live) (did no	4-	029 19 8	4-29 1 ond th		BI, opinion death	occurred on the	29 date and hou	r ond from the	
y the hos RAL DIREC detoched tote Dept. VI: If them		22b. SIGNATURE	Secala-	fovis,	M.D.	ATTEN(PHYSIC	DING ME	EDICAL STA	AFF ICIAN 🔯	1	
TO FUNERAL (Should be deto with the Stote [MPORTANT: If		J.C. SECADA		ND	<	ADDRESS	EPH .	HOSPITAL	70	WSON,	MA
0 0 0 4 4 A	$\overline{}$					TERY OR CREMA			MONTH 29, 1981 BIRTHDAY) BIRTHDAY) BIRTHDAY) BIRTHDAY) BIRTHDAY) JIE UNDER I YEAR IF UNDER HOURS YOR COUNTY OF DEATH ORE COUNTY ATION STOF WORKING LIFE) ATION TO WORKING LIFE) ATION STOF WORKING LIFE) ATION TO WORKING LIFE) ATION TO WORKING LIFE) ATION APPROXIMATE INTER BONDITION GIVEN IN PART 1:00 APPROXIMATE INTER BETWEEN OBSET AND MIN & DIA 7 TIC TATIC APPROXIMATE INTER BETWEEN OBSET AND MIN & DIA 7 TIC TO WORKING LIFE) APPROXIMATE INTER BETWEEN OBSET AND MIN & DIA 7 TO WORKING LIFE) TO WORKING LIFE) APPROXIMATE INTER BONDITION GIVEN IN PART 1:00 APPROXIMATE INTER BONDITION G		

STATE OF MARYLAND

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	1-	FOR - STATE REGISTRAR	DEPARTM	NENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 REG. N	091	9 4
		CEASED NAME FIRST	TA E. C.	ALI	DWELL	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR 9.00 P. M
1	3. SE	FEMALE	⁴ RACE Caucasian	4 MONT	L 10, 1910	6 AGE (IN YEARS LAST BIR	MONTHS DAY	IR IF UNDER 24 HRS.
1	-	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Shington, D.C. ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL NURSING	WIDOWI		Baltimore City of		MD.
5	1	Randallstown /	(IF NOT IN SUCH FACILITY, GIVE STREET A	y Gen	enal Hosp.	(TYPE OF WORK FOR MOST OF	DE WORKING LIFE) INDUSTR	
35	Mai	STATE 113 COLU			13d. INSIDE CITY LIMITS? YES NO THER'S MAIDEN NAME OF THE PROPERTY OF THE PRO		grove Road	21 225
20		Unknown	MIDDLE COOK		FIRST	Inknown MIDDLE		AST
2			RMED FORCES? 166 SOCIAL SECUP VE WAR OR DATES) 217-09-7	110	Mr. Richard (Caldwell 41	00 Bellegro	ve Rd.
		PART I. DEATH WAS CAUSE	TE CAUSE (0)	NCE OF	TIVE HER	BRI FAI	7101	NONSET AND DEATH
	ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0
9	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
9	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DEA LIFEITHER NOTIFY MEDICAL EXAMINE		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		sow the deceased alive on above, (1) (we) (did) (did no	ital) attended the deceased from		nd that in (my) (our) opinion o	, to death occurred on the do		e couses stoted
		22b. SIGNATURE	Sicani		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FF _ //	30/91
1		22d. PHYSICIAN NAME (TYPE C	A SYEDMY		BALTIMORE		SEN H	nsp.
	230. B	URIAL, CREMATION, REMOVAL	23b 94TE/0 231. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		

BP.

retained by the hospital or attending TO HOSPITAL OR ATTENDING

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishald be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 ha

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

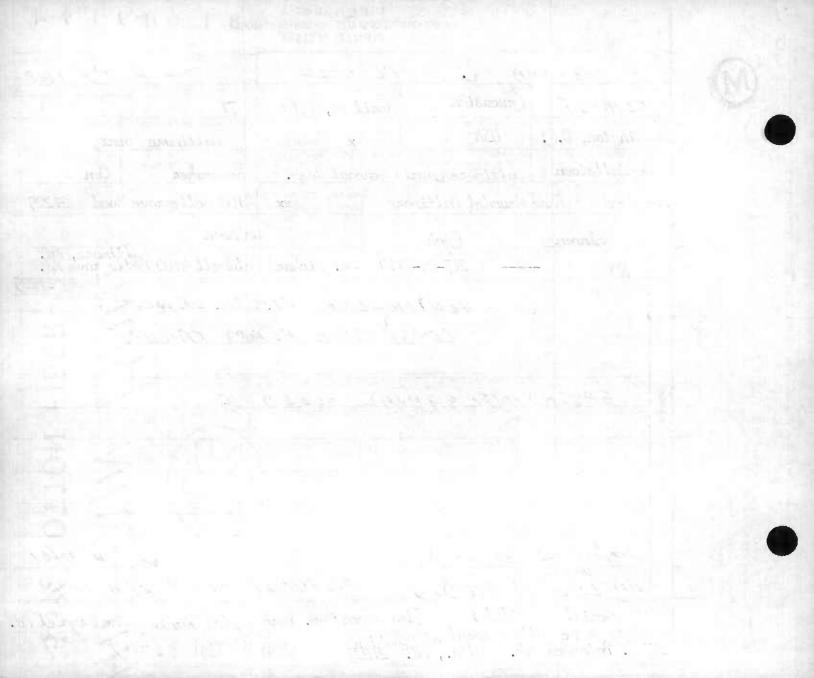
IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic

requires that the death certificate be executed within 24 hours ofter death

15 FUNERAL DIRECTOR Mc Cully Funeral 237 Come Batapsco Ave. Balto.

Glen Haven "em. Park

GLen Burnie Anne Anundel Md.
CD. BY REGISTRAR BY THE THE PROPERTY OF THE PROPE REC'D. BY REGISTRAR 15 MAY



J. E. Lowell Lemmon Padonia & York Rds.

STATE

(VRA 15. 4)

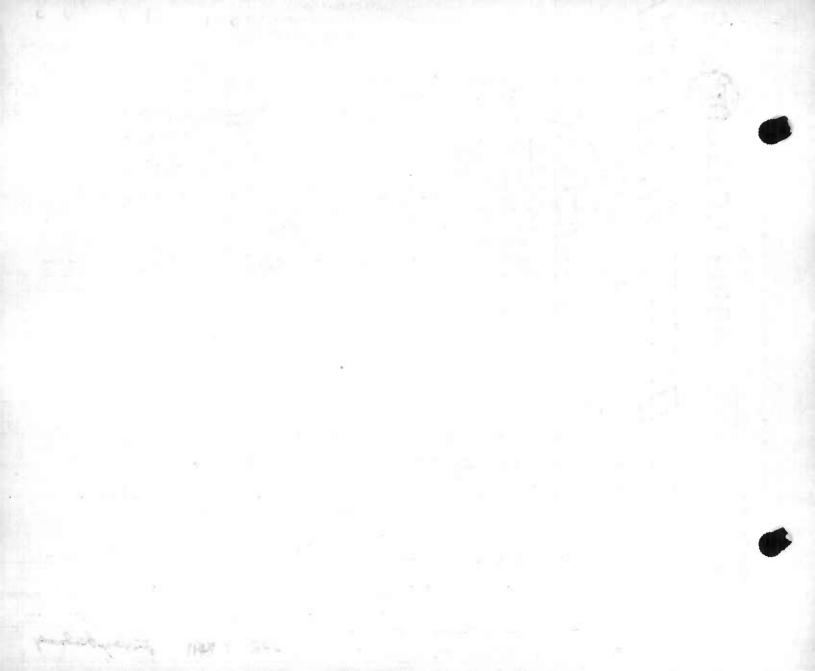
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

PER 1 LL L COLONELL COLONEL COLONELL COLONEL COLONELL COLONEL COLONELL COLONEL COLONEL COLONEL COLONEL COLONEL COLONEL C 1262,00 25000 remarked the fitting the control of Still to the College of the College and deposited this are unabsent to reduce the graph of the contract of the con were for believed the care and another a large and At a comment of the c Company of the contract of the

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4		REGISTRAR CEASED NAME	FIRST		MEI	MIDDLE	EXAMI	NEK 5	LAST	CATEO	T DEF		REG.	_		100 c/D	
		E OR PRINT)				MIDDEL			LAST			2a. DATE OF	EST1-	MONT		YEAR O 1	2b. HOUR
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- 30 (4) (E) (5)	3. SEA		4. KACE	MON	TH DAY	YEAR	LAST BIRTH		THS DAYS	HOURS	24 HRS.	2c DAT PRONOU	INCED	A	C		10:30
S FOR		ale	white		0 4	47		YRS.				DEA		4	6	19 81	a M
E SE E	FO	RTHPLACE (ST			TIZEN OF WI	HAT COU	NTRY?	8. MARE	RIED NE	VER MARRI	ED XX	9 BALTI	MORE CITY	OR COU	NTY OF	DEATH	
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH PROPERTY OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		aryland			U.S.A.			WIDO		DIVORCI		Balt	imore	Cour	ıty_		MD.
DE CO		TY OR TOWN		11. N/	NOT IN SUCH FA	PITAL, NU CILITY, GIVE	JRSING HOA STREET ADDRESS	AE, OR OTI	HER INSTITU	ITION	12a. USI	JAL OCCI MOST OF WO	JPATION (1 PRKING LIFE)	YPE OF WOR	K 12b KI	IND OF BU OR INDUST	ISINESS RY
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OS A	13a. S	TATE	IF IN NURSING HOM	E OR OTHER	INSTITUTION, GI	13c. CIT	e before admis Y OB JOWN	SION)	13d. INSIDE (ITY LIMITS?	13e STR	EET ADDR	RESS				
CCE		MD	Balt	imor	е	Wo	od lawn	2	YES 🗌	Кои	2.	903 A	ress Ridge	Road			
122		THER'S NAME		MIDDL	E		LAST		15. MOTH	ER'S MAIDE	N NAME		MIDDLE			LAST	
00		George		J.		Car				Edna					Pc	aulis	
	16a. V	ES. NO OR UNKNO	EVER IN U.S. A	ARMED FO	DRCES?		CIAL SECUR		17 INFOR	1411	r. Jo	ames	WHETE	ê l			
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		18 CAUSE OF	DEATH (Enter	only ane o	ouse per line	for (o), (b	o), and (c).)								A	APPROXIMATI	E INTERVAL T AND DEATH
		PARTIDE	ATH WAS CAUS	SED BY: IATE CAU	SE (a)	Har	nging										
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REA	_		s, if ony, while e to immedia		(b)												
Š			stating the unde		DUE TO, OR	AS A CO	NSEQUENCE	OF									
Ž O		tying cou	se tost.		(c)												
EWA	z	PART 2 OTNER SIG	INIFICANT CONDITIO	NS CONTRIBL	ITING TO DEATH	BUT NOT REL	ATED TO THE TE	RMINAL DISEA	SE OR CONDITIO	IN GIVEN IN PAR	RT 1 a		-				
ž —	ATIO	19a, DATE OF	OPERATION		19b. CONDI	ION FOR	WHICH OPE	RATION V	VAS PERFOR	RMED?					2 D	AUTOPSY'	?
2	FFC	140														YES X	NO 🗆
2	MEDICAL CERTIFICATION	21a EXTERNA	L CAUSE WAS		21b. TIME OF			21c. H	IOW INJURY	OCCURRE	D (ENTER	NATURE OF I	NJURY IN ITEM	18 PART 1 OR		1E3 X	NO L
5	ALC	UNDERLYING	□XOR NG □ CAUSE O	E DEATH	HOUR A.M	4 .	DAY YE	AR	ub.jec								
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	X	WHILE AT WORK	NOT WHILE	Q	STREET, FACT		ETC.)		STREET	- D-		CITY OR T			COUNTY		STATE
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3		death resulte	d fram: No	tural caus	es,	Accident	L. S	vicide X	, Home	cide 🔲 ,	Undet	ermined m	nanner],			
:		ACTUAL	12	16	100	77				SPECIFY)				DAT	·c		
-		SIGNATURE_	(/V V	VV	VX	1		^	A.D. Assi	stant	MED	ICAL EXA	MINER		NED	4-6-8	31
0	-	EXAMINER'S I	NAME A	nn M.	. Dixo	n, M.	D.		_ADDRESS_		111	Pen	n St.				
	23a.B		ION, REMOVAL	23h DAT	E	23c.	NAME OF C	EMETERY (ORY	23d. LC	OCATION OR TOWN			OUNTY		
		Rumi	α 7	1/1/2	127	L	ake Vi	ew Me	emoria	1 Pari	7, 000	100000	lle	0	~ 2000	77	MD
	24 FL	JNERAL DIRECT	TOR Lorin	ig By	ers Fu	nera	l Dire	ctore	, P.A	25a. DATE R	REC'D. BY	REGISTR	AR 25b. RE	GISTRAR'S	SIGNA	TUPE	6,
	8	728 Lib	erty Ra	l., R	andall	stown	n, MD	2113	33	APF	R 7	1981		MA	4/10	Post Second	7



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injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be till with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

executed within 24 hours after death. Page 4 may be

certificote be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST		Thomas	CA	ARULLO			981	4:35 P _M
	3. SE>	Male	4 RACE Whit	e			6. AGE (IN YEARS LAST BII	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
5		REGISTARY ABST ABS	MD.							
1	16	ssville 21237							12b. KIND C	
	130, S	TATE 136 COUN	ITY			YES NO PEX	71	Driv	9	
7	14 FA			LAST				arell	i	51
-	()							-	me	
		PART I. DEATH WAS CAUSE	JOSEPH Thomas CARULLO APRIL 16, 1981 4:35 PM INCOMPRESS OF MARKED STATE OF WHAT COUNTRY BY THE STATE OF THE							
		gave rise to immediate cause (a), stating the	(b)_		CAR	MARY ATHER	S REPUBLIC		15	YEARS
	NOI	Joseph Thomas CARULLO April 16, 1981 Frace IRACE White IRACE S. DATE OF BIRTH NOTIFICATION APRIL 2 1919 IRACE S. DATE OF BIRTH NOTIFICATION IRACE S. DATE OF BIRTH NOTIFICATION IRACE White IRACE IRACE White IRACE IRACE White IRACE IRACE White IRACE IRACE IRACE White IRACE	a							
	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIF	FYING CAUSES	OF DEATH?
1	MEDICAL CEI	(IF EITHER NOTIFY MEDICAL EXAMINER	TH HOUR A.	M. MONTH DA			ED (ENTER NATURE OF INJU	JRY IN ITEM 18 F	PART OR PART 2)	
	MEDI	REGISTAR CERTIFICATE OF DEATH PRODUCT JOSEPH Thomas CARULLO TO DATE OF BERTH MONTH 16, 1981 4:35 Male LERACE White NOTIFICATE COUNTY MARKED TO DATE OF BERTH NOTIFICATE LISTIC GROWNOON TO DATE OF BERTH Baltimore COUNTY MARKED MAR	STATE							
		REGISTAR REGISTAR SASED MANNE JOSEPH Thomas CARULLO April 16, 1981 4:3 April 16, 1981 April 17, 1981 April 18, 1981	that (we) lost couses stoted							
		REGISTAR REGIND JOSEPH Thomas CARULLO To DATE OF BERTH More In 12 1919 The AAGE (INTRIBUTION OF BEATH BUTTON OF BEATH B	SIGNED 7/81							
			GENTARRE JOSEPH Thomas CARULLO April 16, 1981 4.38 April 16, 1981 A AGE (WHAS LAND BEIDGE) ABILIMORE CITY OR COUNTY OF DEATH BALLIMORE CITY OR COUNTY BALLIMORE CITY OR COUNTY BALLIMOR CITY OR COUNTY BALLIMOR COUNTY OR COUNTY BALLIMOR COUNTY BALLIMOR CITY OR COUNTY BALLIMOR COUNTY	4						

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

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230 BURIAL, CREMATION, REMOVAL 140% Old Eastern Ave

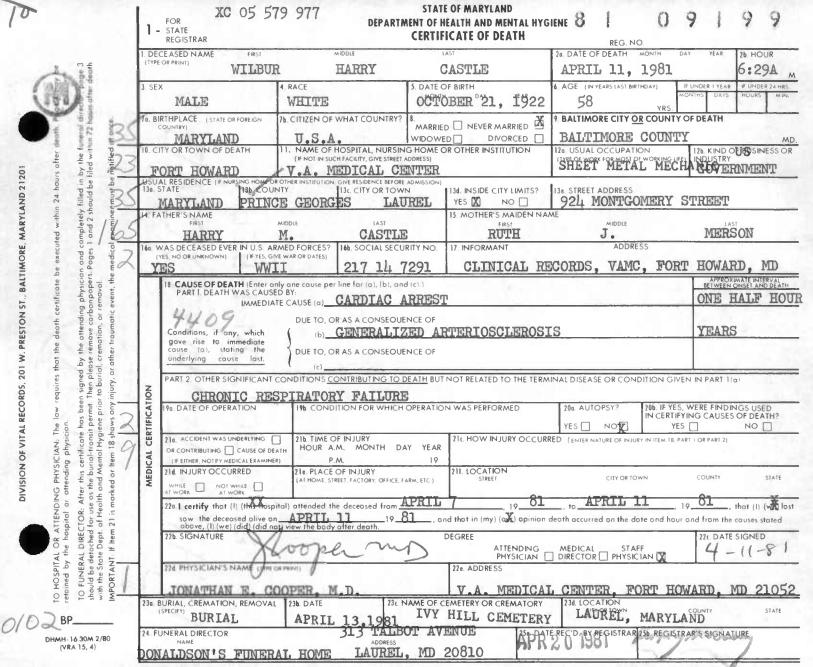
13/20/81

136 NAME OF CEMETERY OR CREMATORY 138 LOCATION Holly Hill Memorial Gardens or or Paltimoreco., Md. STATE

250. DATE REC'D. BY REGISTRAR 256 PR 2

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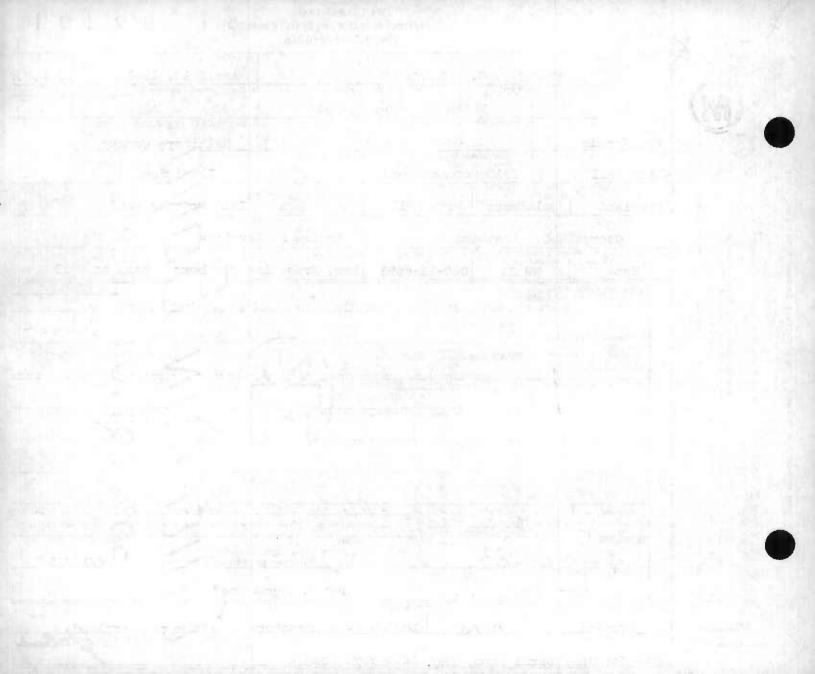
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10	Ľ	FOR STATE REGISTRAR		ARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	9 2 0 2
depth depth		CEASED NAME FIRST GENEVI	FVF C	CHERNEY	20. DATE OF DEATH MONTH DA	8/81 5:15PA
after de	3 SE)		RACE White	S. DATE OF BIRTH MONTH Nov. 14, 1912		FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNT USA		9. BALTIMORE CITY OR COUNTY OF BALTIMORE COU	
led with		TY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION STREET ADDRESS) N. CHARLES STREE	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
should be the	13a. S M	THER'S NAME	timore Tows	TOWN 13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA		
Pages I and 2	16a V	FIRST dolph (AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GI NO	Cayer Check the control of the cont		ADDRESS	acobs
signed by the attending physicia hen plasse removed carbon popers to bural, cremaria, ar carbon jury, ar ather traumatic event, the	N	Canditions, if any, which gave rise to immediate couse (o), stoting the underlying couse last.	D BY: TE CAUSE (a) DUE TO, OR AS A CONS (b) CARC (b) DUE TO, OR AS A CONS (c)	IORESPIRATORY ARR		APPROXIMATE INTERVAL BETWEEN QNSET AND DEATH 10 MINUTES 3 YEARS
te has been risit permit. Tigiene priori shaws any in	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO X YES	
burial-tran Mental Hy or Hem 18	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI CITY OR TOWN	COUNTY STATE
	W	while At work At work 22e.I certify that (I) (this hasp sow the deceased alive or abave, (I) (we) (did) (did not 22b. SIGNATURE	ital) attended the deceased fr	om 4/3 19 81	death accurred on the date and haur	9 <u>81</u> , that (I) (we) last
should be d		urial, cremation, removal	ECO M.D.	270 ADDRESS GBMC—6701 231. NAME OF CEMETERY OR CREMATORY	NORTH CHARLES	
RAL DIRECTOR: e detached for us State Dept. of He NNT: If Hem 21 is:	23a. B	sow the deceosed olive or chove, (I) (we) (did) (did not chove, (I) (we) (did) (did not choose (I) (we) (did) (did not choose (I) (did) (did not choose (I) (did) (did not choose (I) (did) (did	B. Squericon M.D. 23b. DATE 4/20/81	DEGREE ATTENDING PHYSICIAN [22c ADDRESS GBMC6701 23c, NAME OF CEMETERY OF CREMATORY Westview Mem. Pk	MEDICAL STAFF DIRECTOR PHYSICIAN NORTH CHARLES 234. LOCATION CITY OR TOWN Catons ville, B TE REC'D. BY REGISTRAR 256. REGIS	224. DATE STREE

DENIEVIEVE C. CHEPHEY THE SOME COMMITTEE STREET SELECTION OF THE SECOND The state of the s to the first of the control of the first of RESTRICTION OF TRANSPORT OF THE PROPERTY OF TH and a representation of the second of the se . c. tewell - ma on, to t. . . Limes e. S. Le La Mille M. 1907.

DHMH-16 50M 7/77 (VR A 15 (4))

/	FOR			DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8	0	9 2	0 3
1	- STATE REGISTRAR					ICATE OF DEATH	REG. N	10.		
	ECEASED NAME E OR PRINT)	FIRST		MIDDLE		AST SAM	20. DATE OF DEATH APR	MONTH DA	V YEAR	26. HOUR M
3. SI	X /	4 R	ACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR5
	/ Femal			White	5	15 1904	76	YRS.		THOUSE THE
	SIRTHPLACE (STATE OR FO	PREIGN 76	USA	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY C	Palt.	OF DEATH	MD.
10. 0	TOWN OF DEA	1	NAME OF H	H FACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE)	126. KIND O INDUSTRY	F BUSINESS OR
USU	IAL RESIDENCE (IF NURSI		ER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	SPITAL		772		
	arvland	NI COUNTY		Balf	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Nich	olas	A.10
-	ATHER'S NAME			2001		15. MOTHER'S MAIDEN NAM	ΛE	, , ,		
	Joseph	Klei		LAST		Eva H. Dep	pert		LAS	iT
	WAS DECEASED EVER	IN U.S. ARMET		166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS Balt	imore,	Md.
	No			212-74-9	9271	H. Irene Boeh	m 4404 Shar		ve 212	206
	18 CAUSE OF DEATH	H (Enter only a	ne cause per	4.1		0			BETWEEN	MATE INTERVAL ONSET AND DEATH
10		IMMEDIATE C		HYPERI	VEPHR	Coma, IVIETA	ISTATIC			
	1807		DUE TO, OI	R AS A CONSEQUE	ENCE OF				7/17	
	Conditions, if ony, gave rise to imm		(b)							
	couse (a), stating underlying cause		DUE TO, OI	R AS A CONSEQUE	ENCE OF				100	
	PART 2 OTHER SIGN	JIFICANT CON	(c)	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	V IN PART 10	g)
NO										
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH?
ERT	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCURR				NO U
	OR CONTRIBUTING	AUSE OF DEATH	HOUR A.	M. MONTH D	AY YEAR					
MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY		211. LOCATION				
Z	WHILE NOT WHAT WORK AT WO	RK -	(AT HOME, STA	REET, FACTORY, OFFICE, F	ARM, ETC.)	SINEEL	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that		attended th		1	4/10 19 81	, to	4/12-11	8/	that (1) (we) bast
	saw the decorrection of the land to	d alive on	ew the body	ofter death.	8/1,01	nd that in (my) our) opinion o	death accurred on the d	late and haur	and from the	couses stated
	128 SIGNATURE		Ph S	1/0	IN	DEGREE ATTENDING	/MEDICAL STA	ee	22c. DATE	SIGNED
	jea	eera	1	100/	1	PHYSICIAN	DIRECTOR PHYSI		41	2-8/
	22d PHYSICIAN'S NA		1	0		22e ADDRESS			Mal	
22	Ramon R			122.	NAME OF C	St Joseph H	23d LOCATION	owson,	rid.	
230.	BURIAL, CREMATION, (SPECIFY) Burial	KEMOVAL	Ann 1			emetery or crematory and Memorial Pk	CITY OR TOWN		OUNTY VIand	STATE
24	FUNERAL DIRECTOR NAME DIPPORT		Apr 1				REC'D. BY REGISTRAR			URE
	NAME DIPPEL	uneral H	Offics, li	Ba	itimore,	0.00	1 4 1981	Maple	y pres	woody

12 TO 12 P D THE WOOD ST FEED HOSPITAL WEEK STATE hoslyra altimore, to. TABLE TO THE TRUIT SOUTH WITH STREET OF THE TOTAL .N. Joseph Massissel Towners M. Semon Telegraphic and surial ton '5, i depoint secorial in. altimore, intyland

DHMH-16 30M 2/80 (VRA 15, 4)

1.	FOR STATE REGISTRAR		DEPART			ID MENTAL HYO F DEATH		REG. NO.	9 2	0 4
	CEASED NAME FIRST		MIDDLE	T.	AST		2a. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
Citro	FRAN	K	GUSTAV	C	IMINO			4	1 81	3:30 0
I. SE		4. RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Whi	te	MONTH	7	YEAR D2	78	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	8.	XX	ER MARRIED		CITY OR COUNT	TY OF DEATH	
3	Maryland	US	A	WIDOWE		DIVORCED	Balt	imora Co	unty	
10 C	ITY OR TOWN OF DEATH	11. NAME OF	F HOSPITAL, NURSI	NG HOME C			12a. USUAL OCC	CUPATION	12b. KIND C	OF BUSINESS OF
	Catonsvilla	315	Badamsbur	y Av	enua			urant		tired
13a.	STATE 136 COU	NTY imore	13t. CITY OR TOV	VN	13d. INSID	E CITY LIMITS?	13e. STREET ADD 315 B1	oress oomsbury	/ Avenua	
14. F/	ATHER'S NAME FIRST	WIDOLE	LAST			ER'S MAIDEN NA	M	IDDLE	LAS	ST
14- 1	Thomas WAS DECEASED EVER IN U.S. A	THE FORCES	Cimino 16b. SOCIAL SECI	IDITY NO	17 INFOR	Domanica		ADDRESS	to	
		VE WAR OR DATES)	217-14-3			Rose A.	Cimino	Sama a	as #13	
NO	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO,	ffre	om	NOT RELA	TED TO THE TERM	MINAL DISEASE O	r condition g	IVEN IN PART 1	01
CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PEI	RFORMED	20a AUTOPS¹	IN CERT	ES, WERE FINDING FYING CAUSES	NGS USED OF DEATH?
	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOV	/ INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCA	ATION REET	CI	TY OR TOWN	COUNTY	STATE
	22a. I certify that (1)—(this hasp sow the deceased alive a above (1) (we) (did)/did n			2	11	(aur) opinion	deoth occurred or	n the dote and ha	our and from the	-4
	22b. SIGNATURE	Co X	Ky 1	20	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [221. DATE	181
	John C. Heal		v.)	/ /	22e ADD 131		s Avanua	Arbut	tus, Mar	yland
	BURIAL, CREMATION, REMOVA	23b. DATE	23 t.	NAME OF C	EMETERY (OR CREMATORY	23d LOCATIC		COUNTY	STATE
	Burial	4/4/8		lew Ca			Balti	more		aryland
24 FI	UNERAL DIRECTOR Witzk	a Cator	sville	naral	Homa	25a DA		STRAR 756 PESIS	STRANSSIGNAT	LIRE
1.16	630 Edmondson A						2 1981	puly	Ryprus	7

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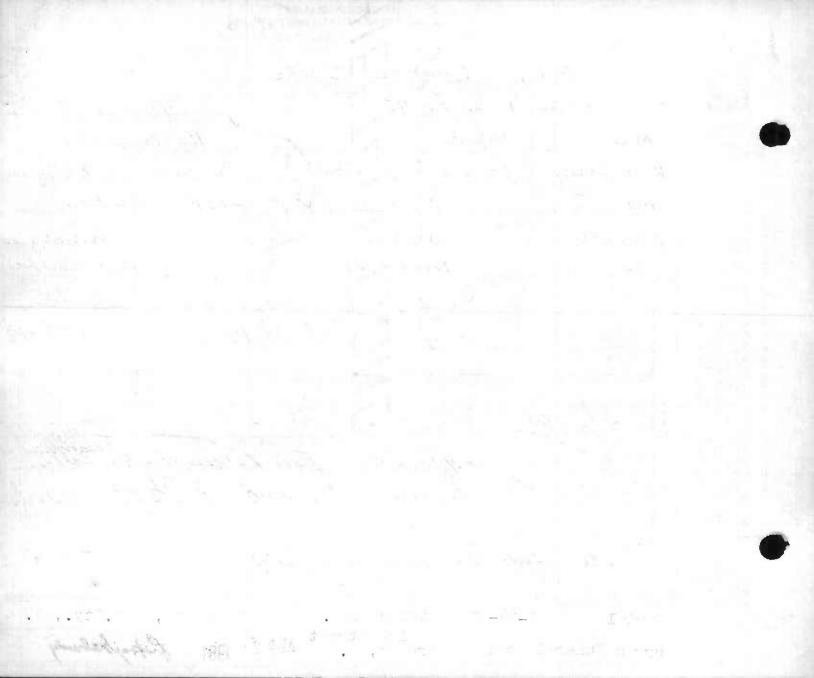
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0	1-:	FOR STATE REGISTRAR	ME	EDICAL EXAMI		CERTIFICATE O		REG. NO.	9 2	Uò
	1. DEC	CEASED NAME FIRST		WIDDLE		LAST	OF	KNOWN ESTI-		YEAR 26. HOUR
7020	3. SEX	Roc	5. DATE OF BIRTH	H 6. AGE (IN)	EARS IF UN		24 HRS. 2c. DAT		4 20 19	YEAR 2d HOU
50005		1e White	11 16		YRS.		MIN PRONOU DEAL) (COUNTY OF DE	81 742 N
69	Ne	REIGN COUNTRY) W York	USA	99.	WIDOW		Bal	timore	County	У мс
10 mm 2 7		ssville	(IF NOT IN SUCH F	SPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS in Square)		FOR MOST OF WO	PATION (TYPE O RKING LIFE)	OR II	OF BUSINESS NDUSTRY ation
201 ANNO ANNO COULD ECOHE	130. ST		ME OR OTHER INSTITUTION, OUNTY timore	GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Overlea		13d Inside City Limits? YES NO 🛣	13e STREET ADDR	elair	Road	21236
MD. 2 S 1, 2, PM 3.		THER'S NAME FIRST Ralph	MIDDLE	Citro		15. MOTHER'S MAIDER ROSina	NAME	WIDDLE	Sim	
URS AFTER DE 8. GIVE PAGE WITH FORM PAGES 1 AL DIVISION OF	16a. W	AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURI 212-30-0		17. INFORMANT Edna M.	Citro	ADDRESS 7541	Belair	
1 W. PRESTON ST. TED WITHIN 24 HO PENCIL IN ITEM 1 XAMINER ALONG XAMINER ALONG MENTAL HYGIENE, R REMOVAL.		18 CAUSE OF DEATH (Enter PARTI DEATH WAS CAU IMMED Conditions, if any, what gove (ise to immedicause (a) stoting the unalying cause last.	DIATE CAUSE (a) DIATE CAUSE (b)	A There		Purtic Q	leader Vi	vaculus	Des We	en onset and death
CORDS, 3 BE EXECT DING" II AEDICAL AS A BUR ATTON,	NO	PART 2 OTHER SIGNIFICANT CONDITI	DNS CONTRIBUTING TO DEATH	N DUT NOT RELATED TO THE TE	RMINAL OISEAS	E DR CONDITION GIVEN IN PAR	T 1 (a).			
VITAL REG E SHOULD VORD "PER E CHIEF A BE USED. VI OF HEA IRIAL, CRE,	MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. COND	DITION FOR WHICH OPE	RATION W	/AS PERFORMED?				TOPSY?
ISION OF VITA RETIFICATE SHC NG THE WORD D TO THE CH SHOULD BE U EPARTMENT OF	AL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.	M. MONTH DAY YEA	AR 21c. Ho	OW INJURY OCCURRED	(ENTER NATURE OF IN	IA 9 81 M3TI MIYAULI	RT I OR PART 2)	
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MINER: IFICATE, BE FOR CTOR: H THE S		22a. I certify that I took ch death resulted from: N	orge of the remains de		Autop ouicide	Homicide .	Undetermined m		in my apinian	
ICAL EXAL THE CERT SHOULD ERAL DIRE EATH, WIT RE, MARY!		ACTUAL SIGNATURE	Allen (1.	the	M	A.D. SPECIFY)	MEDICAL EXA	MINER	DATE SIGNED	70.81
TO MEDIC EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMOR		EXAMINER'S NAME (TYPE OR PRINT)	JOHN C	. Hy he		ADDRESS 7J	>7 Bil	en Pel	Bulos	1236 Jes
	E	JRIAL, CREMATION, REMOVA PECIFY) Burial	4/23/81	Belair		Gardens	23d LOCATION CITY OR TOWN Belair		county rford,	Md.
OHMH-17 20M 1/73 (VR A15 ME (5))		INERAL DIRECTOR Sahn Funer	al Home	55 7401 Bela	ir R		2 1981	AR 25 REGIST	RAR'SSIGNATUI	

5	1 -	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HYG	IENE 8 REG. NO	0 9	201
	3. SE	Famale	MIDDLE JACE White JACE JAC	5 DATE OF MONTH	Parker BIRTH DAY YEAR 2 02	6 A L FERS LAST BY	MONTH DAY R COUNTY OF DI	PER I YEAR IT UNDER A HRS. DAYS HOURS MIN.
s offer death	Ma	ryland	U.S.A. 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	MARRIED WIDOWED JRSING HOME OR		12a USUAL OCCUPAT K	to. Cou	MD. KIND OF BUSINESS OR DUSTRY
within 24 hour eleby filled in 1 12 should be f	13a. S	Md. Balt	other institution, give residence lity 13c. City or cimore Edger	nere	34. INSIDE CITY LIMITS? YES [NO X] 5. MOTHER'S MAIDEN NA	13e. STREET ADDRESS	Citchi	e Ave
cote be executed w ysicion and cample lopers. Pages 1 and loyol. nt, the medical exam		Tobert VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL e WAR OR DATES) 218-4	i he m SECURITY NO.	Laura 7. INFORMANT DORIS M. Cr	ADDRE	SS 7614 D Balto.,	League Dunmanway MD. 21222 APPROXIMATE INTERVAL ESTIMEN ONSET AND DEATH
uures that the death certific signed by the attending phy ten please remove corbanga obuviol, cremotion, or removing, or other troumatic even	z		DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	lerotic Car	dio Vaccul	r Diser	years
The low red ricion. te hos been sir permit. The green prior the shows only in	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH? NO
ATTENDING PHYSICIAN: ospitol or otherding physicians. ECTOR: After this certifical of for use as the buriol-transition of the order of	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (HE EITHER, NOTHET MEDICAL EXAMINER) 21a. IN JURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (Analogous sow the deceased alive analogous, (1) (analogous did not deceased)	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	DAY YEAR 19 FFICE FARM, ETC) YOM, ond	21c. HOW INJURY OCCURE 211 LOCATION STREET Abot in (my) (4-44) opinion of	city or tov	wn co	ounty state, that (I) (must lost from the causes stated
O HOSPITAL O To FuneRal DI should be detock with the Store De MPORTANT: # #		22d. PHYSICIAN'S NAME (TYPE OR MAL TE	FERT KE	EES	ATTENDING PHYSICIAN PATERY OR CREMATORY	MEDICAL STAF	FIAN [Pepul 26, 1981
BP DHMH-16 30M 2/80 (VRA 15, 4)	24 FL	Burial NERAL DIRECTOR Duda- 22 Wise Aven	4/29/1981 Ruck, Inc	Oak La	25a DAI	В		Marylan

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7		FOR	DI	STA PARTMENT OF	TE OF MARYLAI HEALTH AND M	ND ENTAL HYGI	E (()	9 2 0	8
		STATE REGISTRAR	MED	ICAL EXAMIN	ER'S CERTIFIC	CATE OF DEA	ATH REG. N	0.	Town
/		CEASED NAME FIRST		MIDDLE	LAST		20 DATE KNOWN	MONTH DAY YE	R 26 HOUR
25 at at 25 to	(11)	Mai	O V	olette	Clar	Ke	OF ESTI-	14h. 1 1/108	7 125
26125	3 SE)	4. RACE	DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 YR.	IF UNDER 24 HRS.	2c DATE	MONTH DAY YE	AR 26 HOUR
T WAR AND A	Fe	emale White	1 23	VEAR LAST BIRTHD		HOURS MIN.	PRONOUNCED DEAD	1/1/8	1 1218
SSSA	76. B	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHA			VER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	745
S PRECESS	5	Md.	U.S.F		WIDOWED	DIVORCED	Balto	Cauty	140
	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME	, OR OTHER INSTITU		UAL OCCUPATION (TY	PE OF WORK 12b. KIND OF	BUSINESS
PAGE S	SIA	Balto. County	1 1 T	ITY, GIVE STREET ADDRESS)	spital		most of working life)	OR INDL	19/ous
ANN ANN ORDE	USUA		R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSE	ON)			1/15/	J 41043
HAULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELAY IS NOW PENDING" IN PENCIN IN 18. GIVE PAGES 1, 2, AND 3 TO THE FIRED WITH RAINER ALONG WITH FORM PM. 3. RETAIN PAGE 5: USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 WIRLL, CREMATION, OR REMOVAL.	\$ 130. 3	Md.	Ť	Balto	13d. INSIDE C		03 Markla	end Ave,	
MD. H. H. J. Z. Z. Z. S. Z. Z. Z. S. Z. Z. S. Z. Z. Z. S. Z.	14. F/	ATHER'S NAME	MIDDLE	LAST .	15. MOTH	ER'S MAIDEN NAME	MIDDLE	LACT	
DEATH DEATH GES 1, A PM A PM A PM OF VIT	6 8	dward	7110044	Clarke	1 200	ัยาน	Model	Gibe	on
PAGORA ONO ONO	16a. V	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES	166 SOCIAL SECURIT		MANT	ADDRES	S	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. EF 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SIS E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL OF PRIOR TO BUNISION OF VITAL.		No		169-48-	8209 S.C	atherine	. Manning -	403 Markla	nd Aves
T. B. OUR.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y ane cause for line to	(b) and (c).)		8 1	/	APPROXIM	MATE INTERVAL NSET AND DEATH
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EST IN 2 IN 2 HYC MOV	17	8880	DUE TO, OR AS	A CONSEQUENCE	OF DL	, / /		1-	1.
PR PER PRESENTE	-	Canditians, if any, which gave rise to immediate	(b) F	ractur.	ed GIT	HLP		13.	Joeps
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS	A CONSEQUENCE	OF	/			
EXECUTED NG" IN PRICAL EXAM. A BURIAL - H AND MEION, C			(c)						
ORD DICA DICA BIT A BIT	z	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1 -a			
MED BY WELL AND ASS	- 18	190. DA'E OF OPERATION	TION CONDITION	ON FOR WHICH OPER	ATION WAS DEDOT	MAED?	ž.	Iso AUTOR	e Va
DIVISION OF VITAL REC ATE, WRITING THE WORD "PEN CORWARDED TO THE CHIEF ME DR: PAGE 3 SHOULD BE USED AS HE STATE DEPARTMENT OF HEAL ND, 21201 PRIOR TO BURIAL, CR	CERTIFICATION	3/30/81		ra- Tur	-e 1 (B)	+141	5	20 AUTOP	
F VI	ER	210 EXTERNAL CAUSEWAS	21b. TIME OF IN		1216 HOW INJURY	OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	YES Z	NO [
NO THE STAND	2 2	UNDERLYING OR	HOUR A.M.	ARA I	Z Z	10-1	2	4 Tanely	Demeson.
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S C E S C E	A A	WHILE NOT WHILE	STREET, FACTOR	year rich	STREET	1.00	CITY OF TOWN	COUNTY	STATE
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A R S S S S S S S S S S S S S S S S S S		22a I certify that I taak charge	af the remains descri		Autopy	Inspection 1.	Inquiry	nd in my apinian	/'
EXAMI CERTIFIC DIRECT WITH WARN'U	φ	death resulted fram: Nature	al causes . A	ccident Su	icide L. Homie	cide Undet	ermined manner,	. /	/
MAN WELL		ACTUAL ///	Mitte	2	Times	PECIFY)		DATE 4/	101
SHOW SHOW		SIGNATURE	us ice	Solde	mo Hey	MED	ICAL EXAMINER	SIGNED //	181
DIVISION TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING THE AS 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOUL AFTER DEATH, WITH THE STATE DEPART BALTIMORE, MARYLAND, 21201 PRIOR	٧ :	EXAMINER'S NAME (TYPE OR PRINT)							
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a. B	JRIAL CREMATION REMOVAL 123	b DATE	23c NAME OF CEA	AETERY OR CREMATO	ORY 123d. LC	CATION		
BP BP	B		+-14-81	Sisters	Cem.	GI	en Arm, B	alforCty.,	MG.
27/2 DHMH-17	24. FI	JNERAL DIRECTOR	4000	308 High	Street	250. DATE REC'D. BY	REGISTRAR 256 REG	ISTRAR'S SIGNATURE	
(VR A15 ME (5))	Cu	rran Funeral	Home	ambrudge	, Md.	APR 201	981	trap Matriade	1
15M 2/80								/ /	



FOR 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

81 0920

		REGISTRAR				CEKITE	ICATE OF DEATH		REG. NO).		
		CEASED NAME OR PRINT)	Rose	V	MIDDLE •	COADY	AS1	2a. DATI		HINON	BAY YEAR	26 HOUR 10:40A
	3. SEX	Femal	e	4 RACE	hite	5. DATE C MONTH Oct.	DAY YEAR		(IN YEARS LAST BIRTI		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
6	C	RTHPLACE (STATE COUNTRY)	OR FOREIGN		WHAT COUNTRY	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	_ 1	MORECITY <u>OF</u> Baltimo:			MD.
8		ty or town of t		St. J	SHEACILITY, GIVE STREE	TADDRESS] Spital	R OTHER INSTITUTION	(TYPE OF	IAL OCCUPATION WORK FOR MOST OF		E) INDUSTRY	of BUSINESS OR
5	13a. S	TATE Aaryland	13b COUI Balt	NTY	GIVE RESIDENCE BEFOR	MN	13d INSIDE CITY LIMITS? YES NO		Of Loc	h Ra	ven Bo	oulevard
0		John		MIDDLE I .	Kelly		15. MOTHER'S MAIDEN N	NAME	WIDDLE		Arms	trong
		(AS DECEASED EV (ES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	212 32		Donald M	. Coa	dy, Ell			
		18 CAUSE OF DE PART I. DEATH	I WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	PAS A CONSEQUE	DIAL	INFARC		EASE:		APPROXI	MATE INTERVAL ONSET AND DEATH DAYS
	N	gove rise to couse (o), sto underlying co	immediate oting the use last.	(c)	R AS A CONSEQU		NOT RELATED TO THE TE	rminal disi	ease or Cond	ITION GIVI	EN IN PART 30	D)
2	TIFICATIO	19a DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	NGS USED OF DEATH? NO
1	MEDICAL CERTIFICATION	21a ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M 21d INJURY OCC	CAUSE OF DE	P. 21e. PLACE	M. MONTH D M.	DAY YEAR	21c. HOW INJURY OCCU	URRED (ENTE	CITY OR TOW		ART 1 OR PART 2)	STATE
	W	22a 1 certify that	eosed alive an	tol) ottended th	e deceosed Irom.	<u>81</u> , on	4/7 1981 d that in (a.) (our) opinio	MEDIC	4/9 urred on the do	te and hour		
		22d PHYSICIA FS	-	eman, M.	.D.	101	PHYSICIAN 220 ADDRESS 7600 Osler		Tows		1. 2120	4
		URIAL, CREMATIO	N REMOVAL	735. DATE 4/11			EMETERY OR CREMATOR		OCATION CITY OR TOWN		COUNTY	A A STATE

DHMH-16 30M 2/80 (VRA 15, 4) ^{24. FUNERAL DIRECTOR} Henry W. Jenkths & Sons 4905 York Road Balto., Md. 21212

APR 1 0 1981

Md.

newof Townson

212 22 Stell Donald M. Coady, Elliott City, Md.

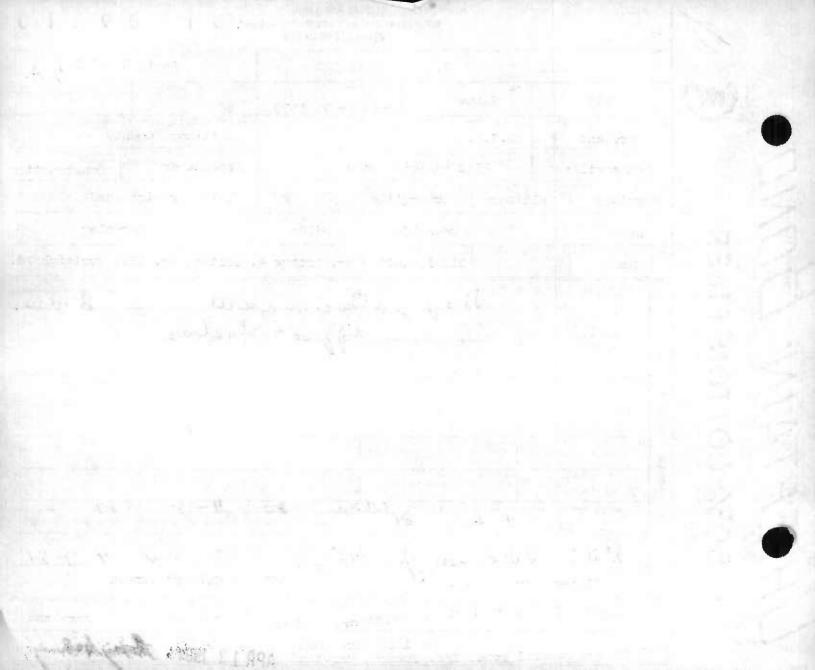
Nurse

x 8201 Lock Flavor Bouleville

Rose V.

uil 111/11 World Mroil 121. Co

CONTRACTOR SOLD ENTER, MI. 21215 APRIL 1981



	1.054	STATE REGISTRAR FASED NAME FIRST	WIDDIE	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 126 HOUR
10 to		ORPRINTI Julia	Agnes C	Pochran	4 6	13 81 10:15
	3 SEX	Female	White	S. DATE OF BIRTH AMONTH 5, 1898 YEAR	6 AGE (IN YEARS LAST BIRTHOAY) 82 YRS	IF UNDER 1 YEAR IF UNDER 24 H
WI S		RTHPLACE (STATE OR FOREIGN 7) Maryland	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cou	
ed within	10 CI		I. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Manor Care Nu	NG HOME OR OTHER INSTITUTION TADDRESS) TSING HOME	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOMEMAKET	126. KIND OF BUSINESS
should be fill	Ma Ma	RESIDENCE (IF NURSING HOME OF TATE TYland THER'S NAME		NN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS 3400 Rosalie	Ave.
1 and 2 sh		John Dennis Lyn		Theresa	MIDDLE	LAST
physician and copapers. Pages 1 emoval. tic event, the model.	16a. W	VAS DECEASED EVER IN U.S. ARME es, no or unknown) (16 yes, give w No				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
by the asseremonal, crema		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
en signed Fhen plea r to buria ny injury	NO	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing</u> to	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
e has been permit. The ene prior shows any	TIFICATION	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 200. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
transit permit. The tal Hygiene prior Item 18 shows an	CAL CERTIFICATION		196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
crate has been it permit. The ygiene prior 18 shows and 1	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	200 AUTOPSY? 206. IF YES NO YES YES YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? SS NO
ECTOR: After this certificate has beer for use as the burial-transit permit. The of Health and Mental Hygiene prior and 21 is marked or Item 18 shows an		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify the decessed olive on obove, (1) (week-did) (did not):	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET	200 AUTOPSY? 200. IF YES IN CERT IF YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18, P	S, WERE FINDINGS USED EYING CAUSES OF DEATH? S NO COUNTY STATE 19 , that (I) (we) It and from the causes stated
AL DIRECTOR: After this certificate has beer isched for use as the burial-transit permit. The E Dept. of Health and Mental Hygiene prior T: If Item 21 is marked or Item 18 shows an		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER 220 I certify that (1) (Whis hospital sow the deceased alive on above, (1) (weel-tdid) (did not). 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE the ottended the deceased from 3 3 19	PARM, ETC.) 211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN	206 AUTOPSY? 206. IF YES IN CERT IF YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18, F	S, WERE FINDINGS USED FYING CAUSES OF DEATH? IS NO COUNTY STATE 19 , that (I) (we)
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THE SECTION OF THE RESIDENCE OF THE SECTION OF THE

BALTO. MD

21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

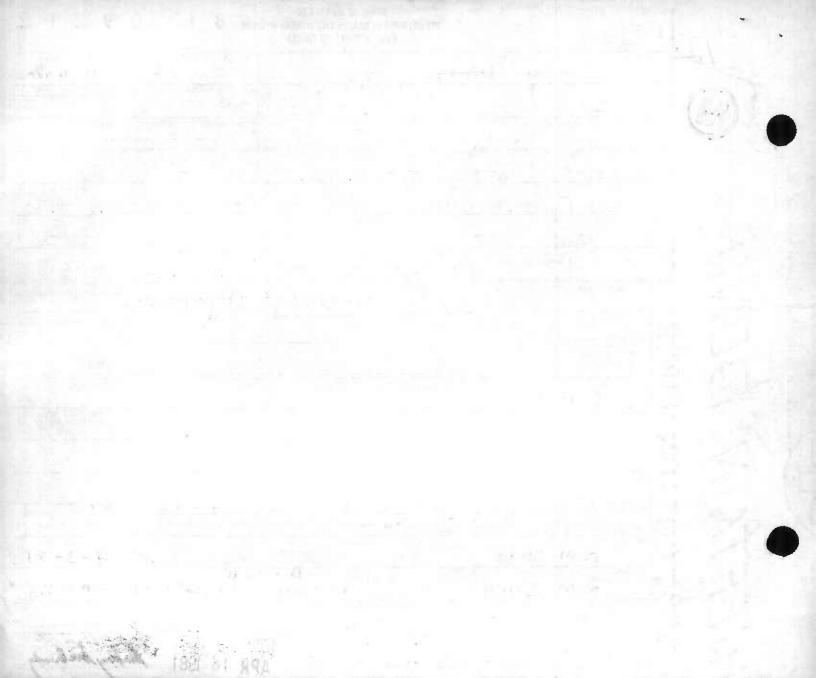
CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)

6010 REISTERSTOWN RD.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH MIDDLE MONTH 7h HOUR TYPE OR PRINTI 4-17-81 Colleran Mary A. 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 3. SEX DAYS MONTH YEAR FIMAL WHITE JAH a. BIRTHPLACE ESTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY JARYLAND WIDOWED DIVORCED HALTIMORE COUNT NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY St. Josephs Towson WSST.Union USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13o. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 6911 DONACHIE NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE HAR) ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) YES, NO OR UNKNOWN) RECORDS 18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [NO F 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER, NOTIFY MEDICAL EXAMINER) 19 21L LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 81 220.1 certify that (Mithis haspital) attended the deceased fram_ 10 81 and that in (our) apinion death accurred an the date and have and from the causes stated saw the deceased alive on deceased alive on abave, (we) (did) (we) view the bady after death. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

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Hygier

Mental

URIA 24 FUNERAL DIRECTOR

23b. DATE

29 d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS CO

22e ADDRESS

23d LOCATION CITY OR TOWN 250. DATE REC'D. BY REGISTRAR 256. RE

7620 York Road, Towson, MD

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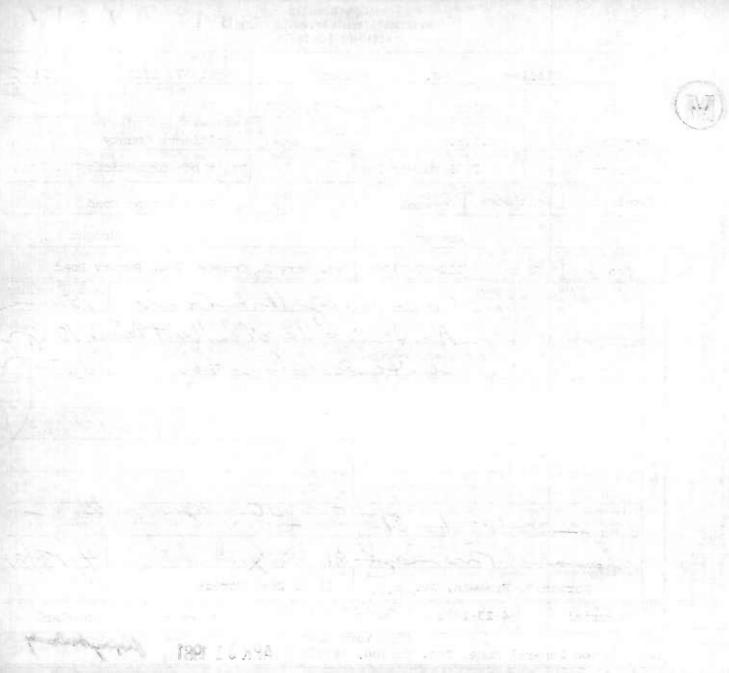
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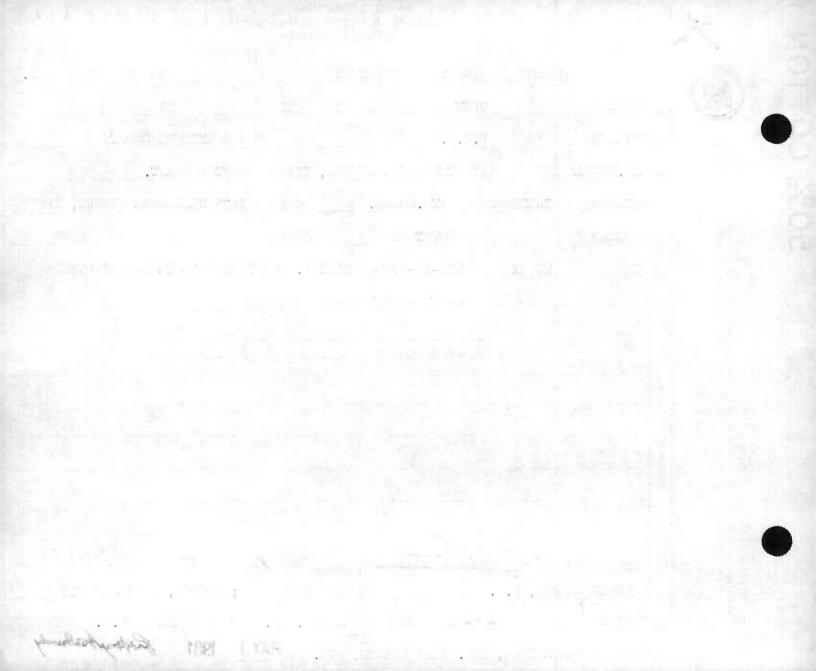
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

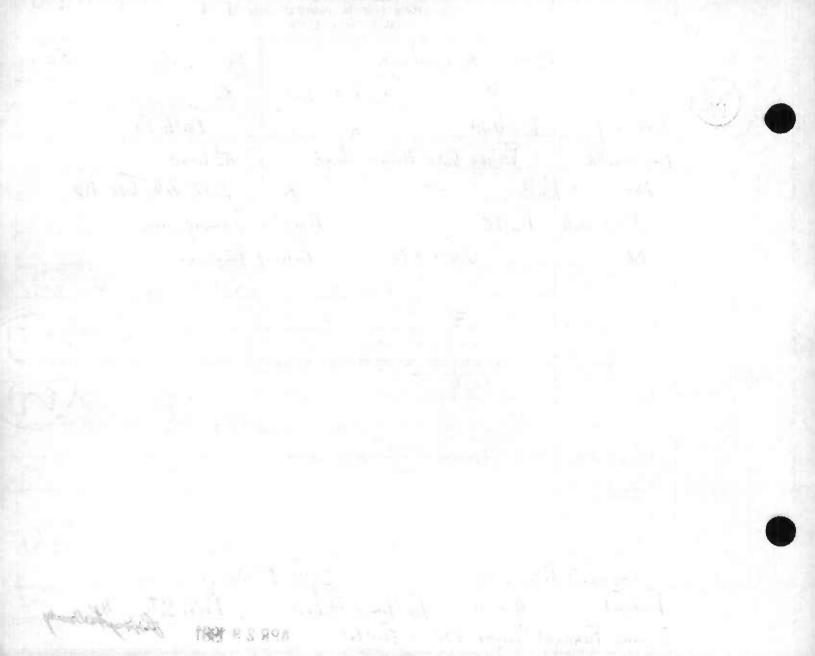
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DHMH - 16 50M 1/BI (VRA 15, 4)

24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 250. DATE REC'D. BY REGISTRAR 256 REC



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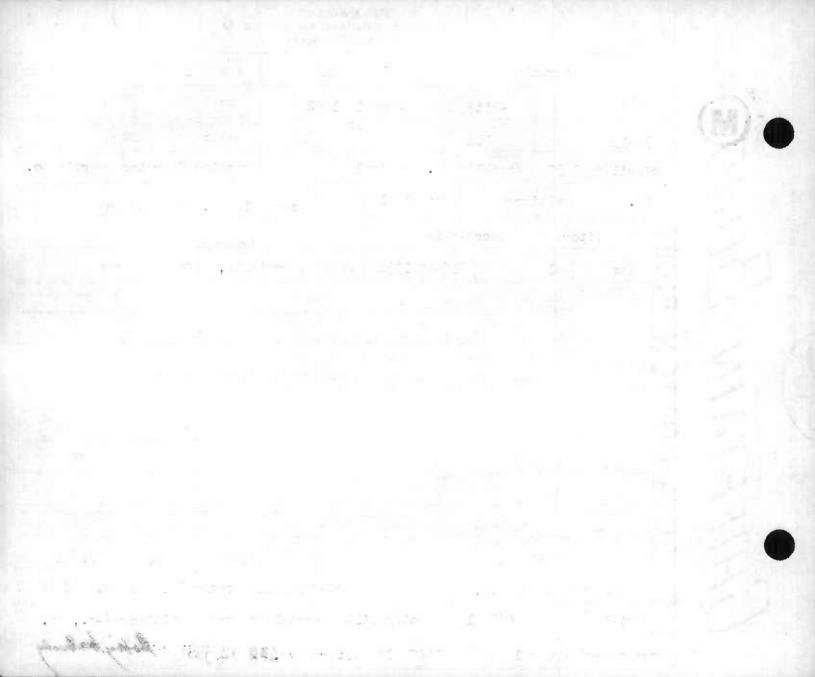


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+ + + + + · ·		411	Vealo MV	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/11/8/
0 111 11 10 1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	27e ADDRESS	010	
TO FUNERA should be di with the Sto		13 MATOS		21 CRANTARUE	OKKA COCKEY	VILLE, 1911-2103
5 7 4 3 8	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE /90. 23t. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
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H-16 30M 2/80	24 FI	INERAL DIRECTOR	0 L1 ADDRESS		TE REC'D. BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE
(VRA 15, 4)		Lassely Ju	relat Nome	74-01 Below Rd. AT	PR 1 6 1981	Herry Machinery



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

11 14 10 71 ALMONE COMMAN

TRUSON - GENC-6701 N. CHAPLES ST.

METAGRAPHIC SANCES OF BREATH

11/23,81

TE RELEGE U. CHIARLES ST.

SHELL SHIP SHEET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Albert W Dabrowski 1,081 DEATH MATED 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR 3 SEX 5. DATE OF BIRTH DATE LAS BYTHDAY) S pt. 30.1933 PRONOUNCED 8:374 81 male white DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 78 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED Mary land U.S.A. Baltimore WIDOWED | DIVORCED County D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) office Suv. Randallstown State Of Md/ Baltimore County General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI SHOULD 136. INSIDE CITY LIMITS?
YES NO 7555 Ives Lane Mary land 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME DIVISION OF WLA MIDDLE Dabrowski Dabrowski Adam Anna IVE PAGE. 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) YES, GIVE WAR OR DATES) 213-30-7485 Nancy Dabrowski 7555 Ives Lane 21222 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular DUE TO, OR AS A CONSEQUENCE OF **BURIAL - TRANSIT** Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EN EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC THE THE THE THE STATE DEPARTMENT OF HEALTH AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIGNT O BURIAL, CREM CERTIFICATION 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXI YES 🗍 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY II LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK Inspection XX 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inquiry Hamicide Undetermined manner TITLE (SPECIFY) 4/1/81 ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard. M.D. 111 Penn Street, Balto, MD 21201 ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY)Burial April 4.81 Holy Rosary Baltimore, Md. BP 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** NAME Walter Dabrowski 10005 Dundalk Ave. 1981 (VR A15 ME (5)) 15M 2/80

GP 501.0.0578 -213 satyanus 0.5.a. . The solite is almost former a constant in which the Argund Baltimore & 7255 Lyes Law part in a second control of the second contr Tes Oct. 13. 52 213-30-7485 Namey Dabrowskii 7555 Caru-Lane 212025 그리면 네티어, 너 네티스 그리 그리고 있는데 내가 있다. Surious MEAN WALL HOLD COURT . br , Bloot Slike was a sure as a line of the same of the sa

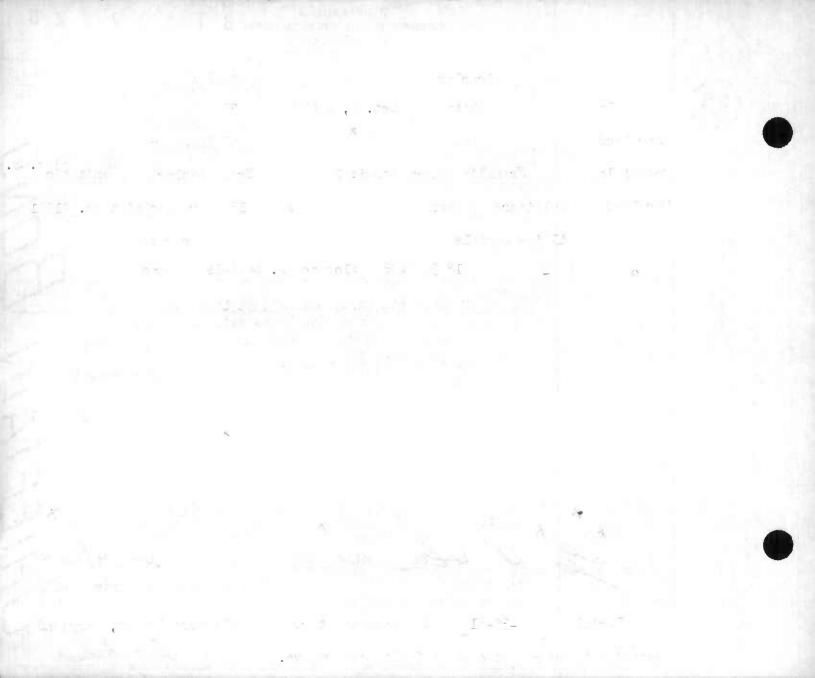
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FOR



6	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 9 2 2 CERTIFICATE OF DEATH REG. NO.								
m.e		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR				
y be		JOHN	Nicholas	DANIELS	April 26,	1981	11:50 ^P _~				
ge 4, mo	3. SI	Male	4. RACE White	5. DATE OF BIRTH Oct. 1, 1902 YEAR	6 AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.				
hours ofter deoth. Page 4, may din by the funeral paretter and libe filed within 72 pages store (outled)		SIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY USA	** 8. MARRIED MEVER MARRIED WIDOWED DIVORCED	D 7 . 1	County	Mo				
by the fulled with	Ro	SSVILLE	Franklin Squar	ING HOME OR OTHER INSTITUTION ET ADDRESS) Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Trash Haul	DE WORKING LIFE) INDU	kind of Business or USTRY Balto. Co Initation				
filled in fould be f	130.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUI Pyland Balt	NOTHER INSTITUTION GIVE RESIDENCE BEFORM INTY INC. CITY OR TO ESSEX		s? 13e. STREET ADDRESS 2130 Bauer	nschmidt	Dr. 21221				
campletely filler	14. F	ATHER'S NAME FIRST Willi	am Daniels LAST	15. MOTHER'S MAIDEN	Annie McG	rath	LAST				
rtificate be executed physicion and camp omoopers. Pages 1 on emoval.		WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GI		4098 Florence F	ADDRI C. Daniels	Same					
requires that the death ce signed by the attending. Then please remove call are to bridle, cremotion, or to bridle, cremotion, or to injury, or other traumatic	TION		DUE TO, OR AS A CONSEQ (c) Focal Br	onchial Pneumonia	18 3 TERMINAL DISEASE OR CON	IDITION GIVEN IN P					
The low recicion the hos been nest permit. I recently shows only it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	h operation was performed	20a. AUTOPSY? YES ■ NO□	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?				
DING PHYSICIAN: The or attending physicion After this certificate the see as the burial-transit polith and Mental Hygien marked or them 18 show	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 LOCATION STREET	CURRED (ENTER NATURE OF INJU	OWN COU					
OR ATTEN ne hospital DIRECTOR. oched for us Dept. of He		22a. I certify that (this hosp saw the deceased alive a abave, (f (we) (did) (did) 22b. SIGNATURE	April 26 April 26 N) view the bady after death.	ADD 1 20 , 19 & 81 , and that in (mx (aur) api	nian death accurred an the d	FF 1 22c.	that (Nwe) last am the causes stated				
TO HOSPITAL retoined by the TO FUNERAL should be detained by the With the Store IMPORTANT:	20	224. PHYSICIAN'S TAME (TYPE (Dr. Cohen	22e. ADDRESS	000 Franklin S		ve 21237				
BP	-	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	770-5000-500	NAME OF CEMETERY OR CREMATO	Baltimore		Maryland				
DHMH-16 30M 2/80 (VRA 15, 4)	4_	weta predor wzdzinski Funer	al Home by 1407	Old Eastern Av	PR 2 7 1981	GISTRAR'S S	GNATURE				



41		FOR STATE				DEPART	STA MENT OF		ARYLA I AND N		HYGIEN	18		0 9	2	2	9
		REGISTRAR			M	EDICAL	EXAMIN	ER'S C	ERTIF	CATE	OF DE	TH '	REG. N	10.			
		EASED NAME	FI	RST		WIDDLE			LAST			20. DATE OF	KNOWN	MONTH	H CAY	YEAR	26 HOUR
L	11		FRAN	IK		(nmi)		DENE	3Y			DEATH	MATED	4/6	5/198	1	Ib.
	SEX		4. RACE	A	DATE OF BIRTI		6 AGE (IN YE.		DER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE	NCED	MÖNTH		YEAR	2d. HOUR
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1	7a BII	RTHPLACE (ST REIGN COUNTRY)	ATE OR	7b.	CITIZEN OF V		NTRY?	B. MARRI	ED X N	EVER MAR	RIED 🗌		ORE CITY	_		EATH	
1		alto.,			U.S.			WIDOW		DIVOR			imore		_		MD.
I	IU CI	Y OR TOWN	OF DEATH		(IF NOT IN SUCH			, OR OTH	ER INSTITU	JTION		JAL OCCU MOST OF WOR		PE OF WORK	OR OR	D OF BU INDUSTI	ISINESS RY
1	LICITA	Essex L RESIDENCE					ry Rd.		t. K		Sr.	Store	ekeepe	er	Balt	0 C:	ity
	13a. S1	ATE _	13b.	COUNTY Balto	HER INSTITUTION,		OR TOWN		13d. INSIDE	CITY LIMITS?		EET ADDRE					
1		aryland		Baitc		Es	ssex		YES 🗌				onbury	Rd.	Apt.	K :	21221
4	14. FA	THER'S NAME		м	IDDLE		LAST		15. MOTH	ER'S MAIL FIRST	EN NAME	N	IOOLE		L	AST	
4	14. 11	Philip		6 45::5		Der				enrie	tta				Wagr	ner	
1	160. V	AS DECEASED	VN) (IF YE	S. ARMED S, GIVE WAR	OF DATES)		CIAL SECURIT		17. INFOR				ADDRES				
ŀ		Yes		W II			.01.796	7	Mar	y G.	Denby	ySar	me as	13e			
ı		18. CAUSE OF	DEATH (En	ter anly a	ne cause pe lii	far (a), (b), and (c).)	N		(/	. 0) Q	1.	11	BETWE	ROXIMATE	INTERVAL
ı		4/		EDIATE C	AUSE (a)	cu	L	ruy	o Ca	rdi	2	14	fre	0/20	7		
1		Condition	s, if any,	which	DUE TO, C	IR AS A COP	NSEQUENCE (OF S				/	1				
1		gave ris	e ta imme stating the u	ediate	(b)	D 10 1 001											
1		lying caus		maer.	DUE TO, C	K AS A CON	SEQUENCE (OF									
1		PART 2 OTHER SIG	NIEICANT CONO	ITIONS CONT	(c)	U DUT NOT BEL	TIO TO THE SEAM	IN ALCOHOL									
1	Z	TAKE I OTHER SIG	MITICANT COND	TITOMS COM	IKIBUTING TO DEAT	BOT NOT KEL	LIED ID THE LEKW	INAL UISEASE	UK CUNUIIII	DN GIAEN IN I	ART 1 (0).						
1	ATIC	19a. DATE OF	OPERATION		19b. CONE	ITION FOR	WHICH OPER	ATION W	AS PERFO	RMED?					[20 A1	ITOPSY2)
1	IFIC				166												
1	CERTIFICATION	21e EXTERNA		AS	21b. TIME (21c. HC	OW INJUR	Y OCCURR	ED (ENTER	NATURE OF IN.	JURY IN ITEM 1	B PART 1 OR F		.J LJ	NOTA
-		UNDERLYING CONTRIBUTIN		E OF DEA		M. MONTH M.	DAY YEAR							APPROXIMATE INTERBUTEN ONSET AND 20. AUTOPSY? YES NO. 18 PART 1 OR PART 2)			
1	MEDICAL	21d. INJURY O		- OI DLA	21e. PLACE	OF INJURY	(AT HOME,		CATION						100		-
	×	WHILE AT WORK	NOT WHILL	E 🗍	STREET, FA	CTORY, FARM, E	TC.)	S	TREET			CITY OR TO	WN	C	OUNTY		VEAR 12d HOUR 4:30 MATH MD. OF BUSINESS OF CITY GOVT. K 21221 THE COMMATE INTERVAL NONSET AND DEATH TOPSY? STATE L/B/ L72122 Cland
1						. 9 . 1 .					an 🔯		Del			7	
		10.00			the remains d		[21]	Autops	,	Inspection		Inquiry	, (nd in my o	pinian		
-		death resulte	a tram:	Naturals	ause 1	Accident	John Su	icide 📖	, Hami		Undet	ermined mo	onner 🔲	,	,	1,	10.
		ACTUAL SIGNATURE_	14	14	64	~	C .		, A	SPECIFY	ti			DATE		6/	1/
1		SOMATURE	6-1-6		1		- 0	M.	.U,	1	MED	ICAL EX AM	INER	SIGN	VED	10	
	igan.	EXAMINER'S N	NAME K	. 5.	AHZ	UW	AL1.	A	ADDRESS.	211	2.2	un	del	KA	UB	all	212
	23o. BL	IRIAL, CREMAT		VAL 23b. [DATE	23c. 1	NAME OF CEA			ORY		CATION					
1		Burial		4	/9/1983		rdens				CITY	altim	ore	CO	Mar	ylan	ď
	24. FL	NERAL DIRECT	FOR		ADDRE							REGISTRA	R 250 REC	SISTRAR'S	_		100
_	Wa	lter Br	cooks	Brad.	ley Inc	., Du	ndalk l	Md.	21222	APR !	9 10	81	· into	new / Pet	The	Ey	

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morked or Item 18

MPORTANT: If Item 21 is

FOR STATE REGISTRAR	40		DEPARTM	ENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH		0	9 2	3 1
1. DECEASED NAME (TYPE OR PRINT)	GE OF		oert I) enm	yer	20 DATE OF DEAT	4 2	7 '81	2b. НОДР 11:30P
MALE		WH ITE		5. DATE C		6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	HOURS MIN.
a. BIRTHPLACE (STATE COUNTRY) Maryland	DR FOREIGN 7	USA	VHAT COUNTRY?	MARRIEI WIDOWE	_	9. BALT IM	MD.		
T OWS ON		GBMC -	5701 N.	CHAI	RLES ST.	Truck I	river	Cam	pbells
USUAL RESIDENCE (IF NO. 130. STATE Md.	13b COUNT Balto	Y	give residence before 13c CITY OR TOWN Timonius	1	13d. INSIDE CITY LIMITS? YES \(\text{NO} \)	13e. STREET ADDRE 20 Rose		, Qu	nium
14. FATHER'S NAME FIRST	М	De	nmyer		15. MOTHER'S MAIDEN N Laura	Denr		tas	ī
160. WAS DECEASED EVE (YES, NO OR UNKNOWN) No		WAR OR DATES)	220 - 07 - 9		Mr. Georg		nyer, 2	0 Rose	e St.
Conditions, if or gove rise to in couse (o), sto underlying cou	IMMEDIATE IMMEDIATE Ty, which mmediate ting the	DUE TO, OF	AS A CONSEQUE	R OF	F LUNG			BETWEEN	MATE INTERVAL DNSET AND DEATH
			DNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			200 AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
19a. DATE OF OPER 19a. DATE OF OPER 21a. ACCIDENT WAS L OR CONTRIBUTING [IF EITHER, NOT IFY MI 21d. IN JURY OCCU WHILE AT WORK 22a. Certify that sow the dece	CAUSE OF DEAT COICAL EXAMINER) IRRED WHILE VORK (1) (this hospite	P./ 21e. PLACE ((AT HOME, STR	A. MONTH DA A. DFINJURY SET, FACTORY, OFFICE, FA	19 RM, ETC.)	216. HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18 PA	COUNTY	STATE that (I) (we) lost
		B. A		, 01	DEGREE ATTENDING PHYSICIAN	MEDICAL S	STAFF	22c. DATE	

ANNE LLE В. PRIMM, M.D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

GBMC-6701 N. CHARLES ST. Carroll

22e ADDRESS

23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 73b. DATE Evergreen Mem. Park Finksburg (SPECIFY) Burial 4/30/81

Lawson, 10 W. Padonia Rd.

25a. DATE REC'D. BY REGISTRAR 25b.

STATE

THE REPORT OF THE PERSON OF TH ALL THE SECOND S 9,417 (D) ZESINES TO SEE AND IS DESCRIBED AND ISSUED AND ADDRESS OF THE PARTY OF THE PAR

Leonard J. Ruck Inc. Baltimore, Maryland

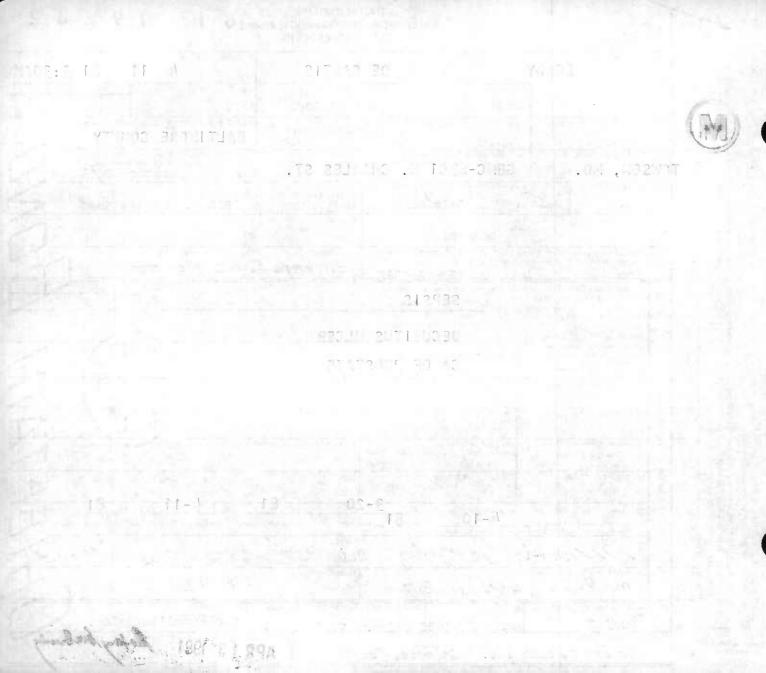
- STATE

DHMH-16 30M 2/80 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

1881 5 1 999

Inc.

7922 Wise Avenue Dundalk, MD. 21222

24 FUNERAL DIRECTOR Duda-Ruck,

DHMH-16 30M 2/80

(VRA 15, 4)

- STATE

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2h HOUR

12b. KIND OF BUSINESS OR

Kilar

NO [

STATE

MD

COUNTY

Balto

BY REGISTRAR 250. REGISTRAR'S SIGNATURE

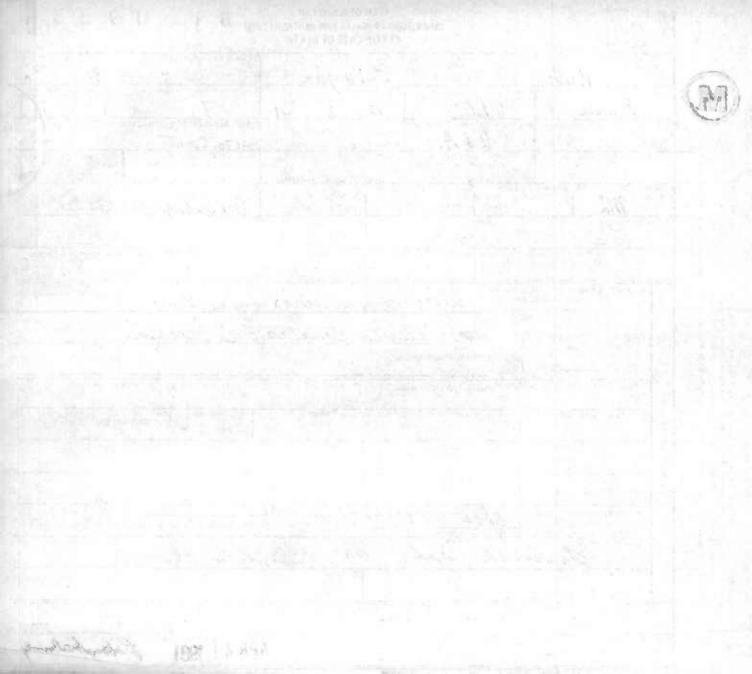
22c. DATE SIGNED

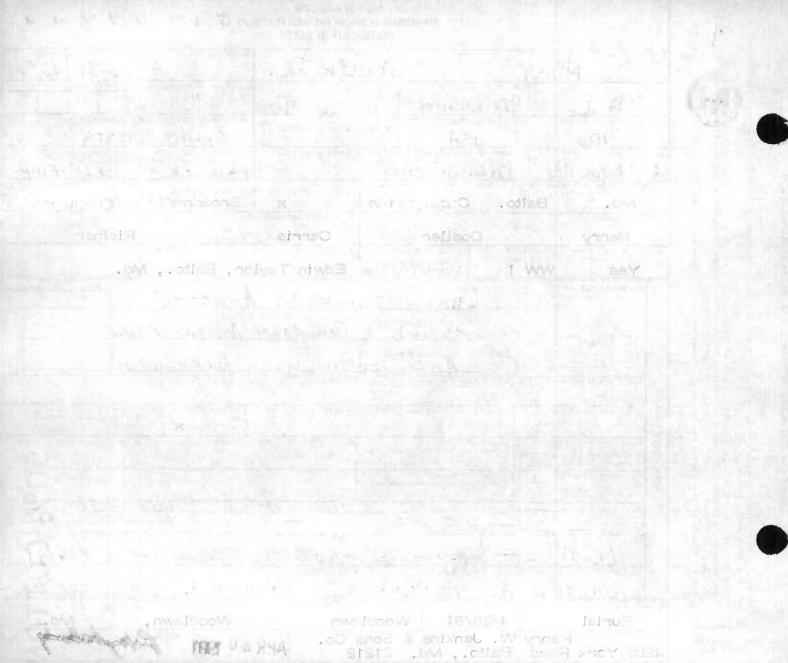
IF UNDER 1 YEAR

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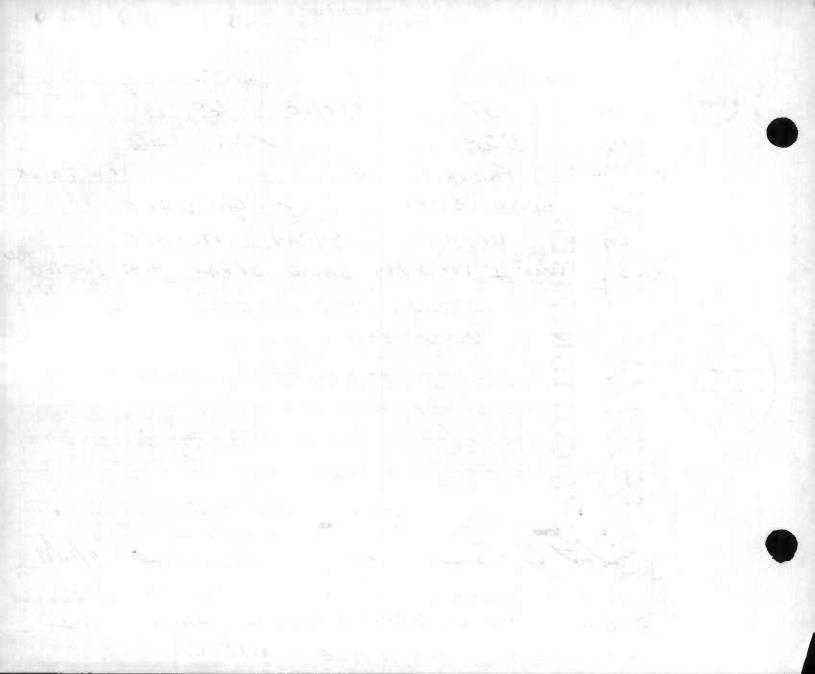
IF UNDER 24 HRS

2n DATE OF DEATH





8	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	0 9	2 3 6
		EASED NAME FIRST	WIDDIE	LAST	2g DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
y be	,,,,,	John	Charles	DORAN	April 16,		10:10 ਲ
de 4 mo	3. SE)	M	4 RACE	5. DATE OF BIRTH MONTH 6 / DAY YEAR 10/20	6 AGE (IN YEARS LAST BIR	YRS	
deoth. Pog		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED			EATH MD.
offer day	R	OSSVILLE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE FRANKLI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 121 IF WORKING LIFE) 1N	L KIND OF BUSINESS OR DUSTRY
24 ho	USU/ 13a. S	TATE 1136 CQU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) AN 13d INSIDE CITY LIMITS YES NO E	900 M	ACE	
ecuted within d completely les 1 and 2 shi lical examine		THER'S NAME DAVID	MIDDLE DORAN	15. MOTHER'S MAIDEN	H PICK	ARD	LAST
oe execut on and co s. Poges 1	16a. V	(AS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		DORAN	4046	PROSPECT
		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	inly ane cause per line far (a), (b), a ED BY: ATE CAUSE (o) Infarcti	nd(c) Acute Anterio on. Coronary Art	r Myocardial ery Disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESSON ST., ING PHYSICIAN: The law requires that the death certificate has been signed by the ottending player this certificate has been signed by the ottending player this certificate has been signed by the ottending player that and Mental Hygiene prior to burial, cremation, ar removed and Mental Hygiene prior to burial, cremation, ar removed or Item 18 shows any injury, ar ather troumatic even		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU (b) Diabetes	JENCE OF Mellitus			
equires that the signed by the please read by the please read by the please readingly, and buildly, and buildly, and the signed by the please readingly.	z	underlying cause last.	(c)	DEATH BUT NOT RELATED TO THE I	TERMINAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)
hos been s permit. The	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
PHYSICIAN: The ending physicia this certificate to burial-transit and Mental Hygin d or item 18 sh		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	FATH HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2}
DING PHYSICIA or attending p After this certil e os the burial- olth and Mento morked or item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OF TO	WN C	OUNTY STATE
A ATTENDIN haspital or red for use of for use of for use of the office o		27a certify that (this has sow the deceased alive a abave, (we) (did)	pital) attended the deceased from April 16	April 6 19 8 8 1, and that in (our) api	nion death accurred an the d	6, 19 ate and hour and	from the couses stoted
the the lettoch lettoch It If If If		22b. SIGNATURE	0 13-	DEGREE ATTENDIN PHYSICIA		FF	116/81
TO HOSPITAL retained by iff		Robert J.	Rose, M.D.		ranklin Square	Drive,	21237
P = P = 3 ≤	23a	BURIAL, CREMATION, REMOVA	1 23h. DAJE 4/20/81 [NAME OF CEMETERY OF CREMATO	AITH BA	50, col	INTY MA STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	INERAL DIRECTOR LONN CONN C	FLLY ADDRESS		APR 2.1 1981	25b. REGISTRAR'S	SIGNATURE





FOR - STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12b. KIND OF BUSINESS OR HOUSE WILE 130 STREET ADDRESS 2961 Meadow Oak Drive Bue Dean Driggs, Clearwater Flo. APPROXIMATE INTERVIBETWEEN ONSET AND WEEKS 2 WEEKS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 81 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 4/14/81 DIRECTOR PHYSICIAN 21204 Apr. 16. 1981 emeteru ennineille 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

26 HOUR

81

IF UNDER 1 YEAR



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Baltimore, Md

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MIRO LO HELL

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X	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9240
	DECEASED NAME FIRST	WIDDLE	LAST	2e DATE OF DEATH MONTH DA	Y YEAR 26 HOUR P
	HAR	RIET ELIZABETH	EBAUGH	APRIL 11,198	
3	SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS
recto	Female	White	May 2 1934	46 YRS.	
or Tied at	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	
Nutriin Notice III	Maryland	USA	WIDOWED DIVORCED		
200	Towson	962 Beaverban	k Circle	(TYPE OF WORK FOR MOST OF WORKING LIFE) Clerk	126 KIND OF BUSINESS OR INDUSTRY GOV t.
examine m	JSUAL RESIDENCE (IF NURSING HOME OF STATE 13% COU	on other institution, give residence before institution and all time. Baltimo:	VN 134 INSIDE CITY LIMITS?	3501 St. Paul	St.
ASOC TO	FATHER'S NAME Harry Prechte	MDDLE LAST	15. MOTHER'S MAIDEN N. Emma Fish		LAST
the me	(YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECULAR SECULA		ADDRESS 1400 Gerber, Atty. Bank	First National Bldg. 21202
prior to burial, cremation, c				20g AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
0 - 0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH D	21c HOW INJURY OCCU	YES NOW YES	
narked o	IF EITHER, NOTIFY MEDICAL EXAMINE. 21d INJURY OCCURRED AT WORK AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ORTANT: If Item 21 is n	saw the deceased give a above. (1) (we) (did/did/gitte) 178 SIGNATURE 178 PHYSIC ASE S NAME (THE	of View the body ofter death Was	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	the DATE STONED
of it of	30 BURIAL CREMATION REMOVA		Union Mem	CITY OF TOWN	OUNTY STATE
	(JECHT) . T	1 19 91 900	10 9 3 10 100	7 1 1	
	Burial FUNERAL DIRECTOR	April 14,1981	Moreland Mem. Pk	Parkville, Balt	o. Co., Md.

Children of // ST 8 - The world Table Tenney and the control Market Committee Committee

FOR STATE REGISTRAR	STATE CEPTIFICATE OF DEATH					9	2	4
DECEASED NAME	FIRST	WIDDLE	LAST	20 DATE OF DEAT	H MONTH	DAY	YEAR	2h HOU

Male		(TYPE	OR PRINTI	on	Edwards	April 9, 19	981	
North Capolina		3 SE				6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS	
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The part of the pa		13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION 13d. INSIDE CITY LIMITS?	Grocer	Grocery S	itor
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 167	130	_	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	I AME	LAST	
PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO. OR AS A CONSEQUENCE OF (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ital PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 100 OR CONTRIBUTION CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 110 NJURY OCCURRED 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 OF JURY			(IF YES, GIVE	WAR OR DATES				
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY FEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. NJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (1) (thus-hospital)-attended the deceased from sow the deceased alive an observe (1) (we) (did) (did npt) view the body ofter death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 22c. DATE SIGNED	injury, ar	NOIL		CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TER			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. I certify that (1) (thus haspital)—attended the decealed from saw the deceased alive on obeya (1) (we) (did) ydid npt yview the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 22c. DATE SIGNED	4	TIFICA	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN	CERTIFYING CAUSES OF DE	EATH?
22a. I certify that (I) (thus haspitat) attended the deceoled from 7-30, 19.59, to 19.50, that (I) (we saw the deceosed alive on obeys. (I) (we) (did)	9		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	PRRED (ENTER NATURE OF INJURY IN I	TEM 18, PART † OR PART 2)	
saw the deceased alive an 4-3 19 , and that in (my) (aur) opinion death accurred on the date and hour and from the causes state above. (I) (we) (did) did not yiew the body after death. 22b, SIGNATURE DEGREE ATTENDINGMEDICALSTAFF		MEDI				CITY OR TOWN	COUNTY	STATE
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1226 ADDRESS 226 ADDRESS			sow the deceased alive on above, (1) (we) (did) (did no	(4-3) 198	, and that in (my) (our) opinio	n death accurred on the date o	nd hour and from the causes	stote
			22d/PHYSICIAN'S NAME (TYPE O	R PRINTI	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4-9-	81
Burial 4-13-81 Gardens of Faith Com Baltimone County Ways lan		1	INESS PRECTOR	1	ardens of Faith Ce	ATE REC'D. BY REGISTRAR 251	County, Maryl	an

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street assi		X =		
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vili v	d anne bt		shrows.	N Falagi
	summer.	apple Office		

Walter Brooks Bradley Inc., Balto., Md. 21222 APR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOURAM

126 KIND OF BUSINESS OR

Title Co.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

COUNTY

22c. DATE SIGNED

Maryland

4/4/81

1981

INDUSTRY

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

F 4/2 ST.

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DIVISION OF VITAL RECORDS,

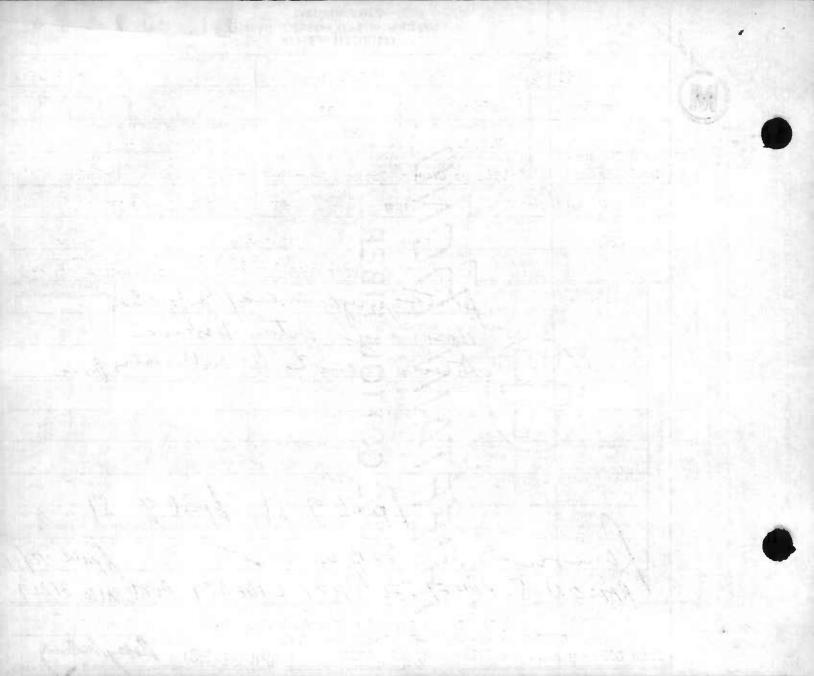
DHMH-16 30M 2/80

(VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 25 HOUR 81 IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County School teacher INDUSTRY Baltimore City 130. STREET ADDRESS 6305 Oakland Mill Rd. Keiling 17 INFORMANT Mr. Joseph Carroll Eichelberger 6305 Oakland Mills Rd., Sykesville, MD 21784 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Sykesville Carroll 4/13/81 Lakeview Memorial Pk. Loring Byers Funeral Directors, P. Ass. DATE REC'D. 8728 Liberty Rd., Randallstann, MD



	1 -	FOR STATE REGISTRAR	DI		IEALTH AND MENTAL HYGIE FICATE OF DEATH	NE O I	0 7 8	
		CEASED NAME FIRST	MIDDLE		LAST		ONTH DAY YE	AR 2b. HOUR
	(TYPE	Pearl	I.	FI	LLIOTT	April 13, 1	981	6:00 RM
	3. SE)		RACE	5 DATE (OF BIRTH 6	AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1	YEAR IF UNDER 24 HRS
٠,		FEMALE	WHITE	SEI	Pr. 19, 1963	77	YRS.	DAYS HOURS MIN.
7		RTHPLACE (STATE OR FOREIGN 71	. CITIZEN OF WHAT COL	UNTRY? 8	D NEVER MARRIED 7	BALTIMORE CITY OR	COUNTY OF DEAT	Н
5	HA	VRE DE GRACE, MI	U.S.A.	WIDOW		Baltimore (County	MD.
7		ROS SVILLE, MD	1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI FRANKLIN			20. USUAL OCCUPATIO TYPE OF WORK FOR MOST OF T RET IRE	WORKING LIFE) INDUS	ND OF RUSINESS OR STRY FOOD ANN ING
1	13a S		Y 13c. CITY C	CE BEFORE ADMISSION) OR TOWN TWOOD	YES NO 🛣	30 STREET ADDRESS 7105 E. BA	ALTIMORE S	ST.#21224
C	14 FA	THER'S NAME FIRST JOHN	CLOSEK	LAST	15. MOTHER'S MAIDEN NAME FIRST	NNA TOS		LAST
			ED FORCES? 166 SOCI.	AL SECURITY NO.	17 INFORMANT	ADDRES	וע לטבו	BALTIMORE
		NO	212	-09-7190	WILLIAM K. E	LLIOTT, SR.		0., 21224,M
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the	BY: Lympho	DMA NSEQUENCE OF		4.1.2	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease or cond	ITION GIVEN IN PA	RT 1(a)
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
2	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATI	P.M.	19			IN ITEM 18 PART I OR PAI	RT 2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	r, OFFICE FARM ETC }	211. LOCATION STREET	CITY OR TOW	N COUN	TY STATE
		220.1 certify that XIX (this haspite saw the deceased alive an above XI) (we) (did) (day X	April 13 view the bady after deat	d fram _ Marc 19_81, o	h 3 19 81 nd that in (XX (aur) opinion de	, to April 13 oth occurred on the dat	_	
		22b. SIGNATURE N. A			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		H-13-81
		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS			
		Dr. Neena Rao	, M.D.		9000 Franklin	n Square Dr	., Balto.	MD 21237
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 4-16-81		ROSARY CEM.	730 CHRM	AN HTT.T. W	D. BA.CO., M
		DOICTATA	4-10-01	HOTT	TODALL OTHER	Jose denter	MATERIAL TO	D# DI1.00.931

DHMH-16 30M 2/B0 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR 6224 EASTERN AVE. BALTO., 21224,MD.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE APR 1 4 1081

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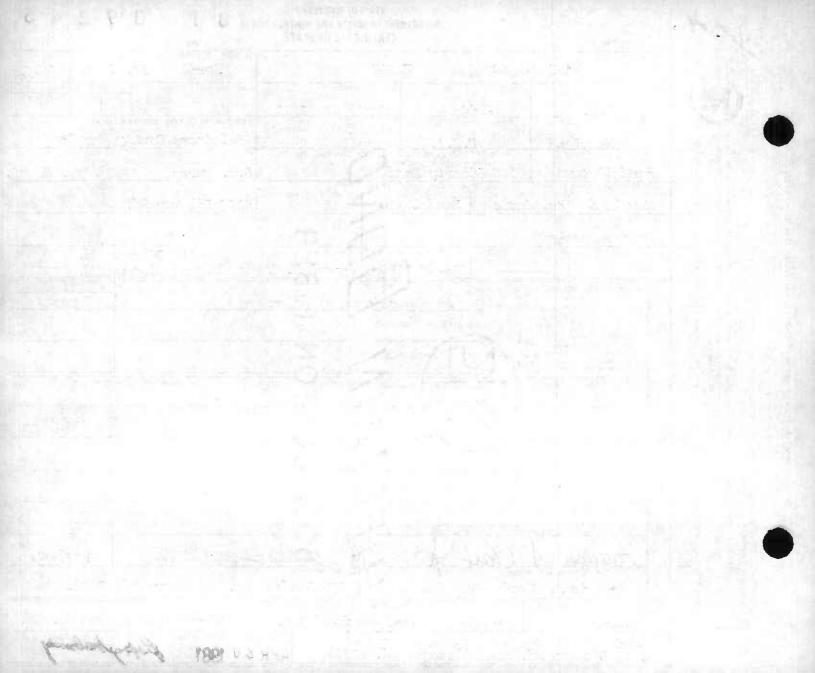
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MC.G.M. - WELLIGHT ROY . IN E . . .

TO THE RESERVE OF THE PARTY OF C. .

4.4	1 -	FOR STATE REGISTRAR		DEPARTA	CERTIFI	OF MARYLAND ALTH AND MENTA CATE OF DEATH	1	REG. NO		9 2	46
ge 3		CEASED NAME FIRST OR PRINT) MARY	AGNES	AIDDLE E_{I}	NGLE	ST	2a	April	1981 3145		
e 4	3. SE	F.M.	4. RACE Whi	4. RACE S. DATE OF BIRTH MONTH DAY YEAR Sept. 27 1931			AR	GE (IN YEARS LAST BIR	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
neral neral	7a. 81	RTHPLACE (STATE OR FOREIGN OUNTRY) Mary Land.		WHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIE	D	altimore city of Baltimore	_		land m
s offer of by the fu iled with	200	ry or town of death Randalls town	LIF NOT IN SUCI	ospital, nursing a contract the street of the contract of the	ADDRESS1	ROTHER INSTITUTIO	{TY	USUAL OCCUPATI PE OF WORK FOR MOST O P. Nurse		EI INDUSTRY	n. Hosp
filled in ould be f	13a. S	AL RESIDENCE (IF NURSING HOME OF ITATE 13b. COU LIATY Land Balt	PROTHER INSTITUTION. NTY "MOYE	13c. CITY OR TOW Randall	N I	13d. INSIDECITY LIM YES [X] NO [AITS? 13e,	street address 136 Liber	ty Rd.		
ampletely ond 2 sh		THER'S NAME Gester Breakall	MIDDLE	LAST		15. MOTHER'S MAID ETTE			ray	LAS	л
be execut an and co bages 1	C	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166. SOCIAL SECU 2.14-26-1		Joseph M.	Engle	9136 Ir Rand	Sliber allsto		21133
quires that the death certificate signed by the ottending physic hen please remove corbanpape by burial, cremotion, or removal jury, or other traumatic event, the state of th	No	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OF DUE TO, OF	AGENOCI R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	ma of col		. DISEASE OR CON	DITION GIV	3 1	MATE INTERVAL ONSET AND DEATH YEARS
ne low recon. hos been permit. If an eprior it and power on in the permit is an eprior it and it an	CERTIFICATION	19g. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED		00 AUTOPSY?	20b. IF YES IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?
HYSICIAN: The anding physicial bis certificate buriol-transit and Americal Hygical or them 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A./ ER) P./ 21e. PLACE (M. MONTH DA M.	19	21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJU		COUNTY	STATE
TTENDING Point or attention of the use os the of Heolth and 21 is marked	W	while at work NOT While 22a.1 certify that (1) (this haspensor the deceased alive a above, (1) (we) (did) (did n	pital) attended the	e deceased from_			ppinion deatl	to			that (I) (we) los couses stated
O HOSPITAL OR AT etained by the hosp TO FUNERAL DIRECTORNIC broud be detached with the State Dept.	880	276. SIGNATURE 7276. PHYSICIAN'S NAME (TYPE Francis A. C	OR PRINT	No		72e. ADDRESS	IAN D	edical stal	IAN 🗌	220. DATE A-	19-81
F 2	23a. 8	SURIAL, CREMATION, REMOVA	L 23b. DATE	23c 1		METERY OR CREMA	TORY 2	3d. LOCATION			Co. Mä.
BP DHMH-16 30M 2/80 (VRA 15, 4)	24. FI	Burial Deral Director Longing Byers F 8728 Liberty R	4/20/8 uneral D d. Randa					C'D. BY REGISTRAR			

STATE OF MARYLAND



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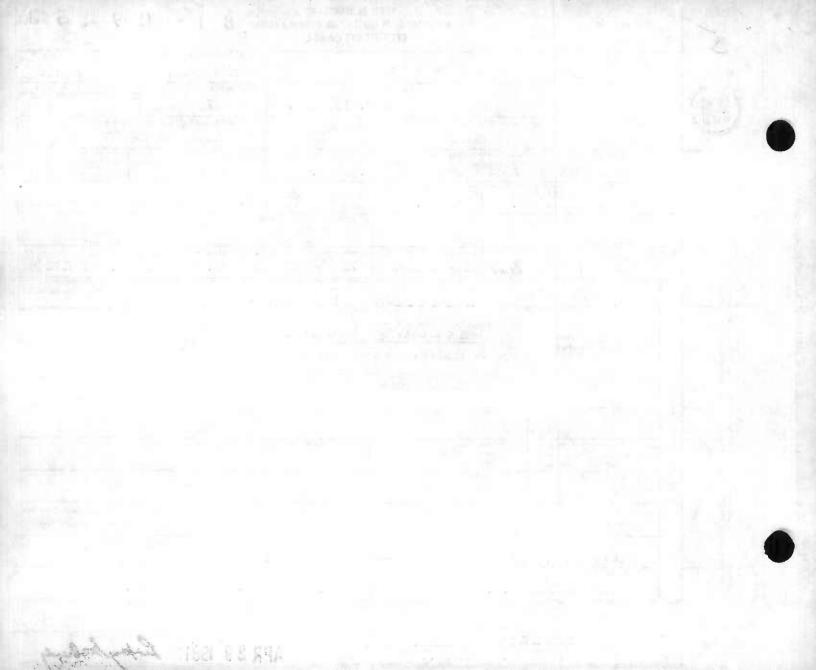
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	1	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	REG. NO.	0 9 2	5 0
ath		CEASED NAME FIRST EOR PRINT) ISRAE	MIDDLE		ast DMAN	APRIL 20, 1	DAY YEAR	26 HOUR P
	3 SE	x MALE	4 RACE WHITE	S DATE O	G. 15, 1967	4 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	Ta. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	Th CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOW!		BALTIMORE CITY OR COU	NTY OF DEATH	M
35	10 C	RANDALLSTOWN	11. NAME OF HOSPITAL, NURSIN (F NOT IN SUCH EACHTY, GIVES LIRET BALTIMORE COUN			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) MANAGER		TER CLOT
miner mu	I3a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN MARYLAND BA	other institution, give residence before ITY BALTO.	ADMISSION) N	134. INSIDE CITY LIMITS? YES NO 174 X	13° 4756 BONNIE I	BRAE RD.	#2120
exa S	14 F	ATHER'S NAME FIRST SAMUEL	ADDLE LAST FELDMAN		IS MOTHER'S MAIDEN NAV	WIDDLE	LEVIÑ	
t, the me	16a	WAS DECEASED EVER IN U.S. ARI (18 YES, HO DILLINGHOWN) (18 YES, GIVE YES) WW.I.	wed forces? 166 social secu War or dates) 215-05-1		4756 BONNIE	S. REBECGOORISELL BRAE RD. I	BALTO., M	D 21208
nit. Then please prior to burial, ws any injury,	CATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO I			20a AUTOPSY? 20b. II	FYES, WERE FINDI	NGS USED
he burial-transit perm and Mental Hygiene i srked or Item 18 shov	AL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCUR	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM	YES A 18, PART I OR PART 2)	NO [
h and Me	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
for use as t. of Healt tem 21 is r		saw the deceased alive an above (1) (we) (did) (did not	al) attended the deceased from 19			ta ta death accurred on the date and	hour and from the	
State Dept.		276. SIGNATURE LUQUE 274. PHYSICIAN'S NAME (TYPE OF	LULL	M	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	4/	21/81
should be detached with the State De IMPORTANT: If	730	EDWARD MILLE	R, M.D.	NAME OF	11 E. CHASE	ST. BA	LTO., MD	
	L	(SPECIFY) BURIAL	4/22/81	HIZUE	AMUNO	BALTIMORE E REC'D. BY REGISTRAR 250. ME		RYLAND
1H-16 25M 15, 4) 1/79	1 6	6010 REISTERSTOW	LEVINSON & BROS. N RD. BALTO.,	MD INC	21215 A	R 2 9 1981	RAR'S SIGNAT	hudy



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral disshould be detached for use as the burnal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND ME CERTIFICATE OF DEA		REG. NO.	0 7 4	. 2
	ECEASED NAME FIRST	MIDDLE	LAST	2a. DAT	E OF DEATH MONTH	DAY YEAR	10011
TIME	RIKI		FINCI		04	06 8	1 854 A
3 SE		4. RACE	5. DVOEVOE BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	
	FEMALE.	WHITE	MONTH DAY	YEAR	39	MONTHS DA	ATS HOURS M
	IRTHPLACE ISTATE OR FOREIGN YUGOSLAVIA	76. CITIZEN OF WHAT COUNT USA	RY? 8 XXX MARRIED NEVER MA WIDOWED DIVO	RRIED 📙	IMORE CITY OR COU BALTIMORE	NTY OF DEATH	1
	ANDALLISTOWNH BAKXXMORE	BALT IMORE COU	RSING HOME OR OTHER INSTITUTE THE STANDARD STAND		JAL OCCUPATION HOUSEWIFE	NG LIFE) 12b. KIN INDUST A	D OF BUSINESS
13a. S	STATE 136 COLL	OR OTHER INSTITUTION GIVE RESIDENCE BE INTY TO . 13t. CITY OR T	FORE ADMISSION) TOWN 13d INSIDE CITY YES N	LIMITS? 13e STR	4 DROPLEAF	CT. #	21208
14. FA	ATHER'S NAME FIRST HAIM	LEVÎ	15 MOTHER'S M		WIDDLE	P	AP'O
	WAS DECEASED EVER IN U.S. A (YES, NO OR HIKNOWN) LIFYES, G	200 000 000 0000	8-28864	MR. S	ILVIO FINC		21208
NO	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	OUENCE OF) THE TERMINAL DIS	EASE OR CONDITION	I GIVEN IN PART	110
1 F	19n DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORM	ED 200 A	LITOPSY2 Tab IE	EYES WERE EIN	DINGS LISED
RTIFICAT	198 DATE OF OPERATION	-	ICH OPERATION WAS PERFORM	YES [□ NO 🐼 IN CE	FYES, WERE FIN ERTIFYING CAUS YES [SES OF DEATH?
CAL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 18 EITHER NOTHEY MEDICAL EXAMINE	216. TIME OF INJURY HOUR A.M. MONTH	721c HOW INJUI	YES [, IN CE	RTIFYING CAUS	SES OF DEATH?
MEDICAL CERTIFICATI	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	YES [□ NO 🐼 IN CE	RTIFYING CAUS	SES OF DEATH? NO (2)
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this hasp sow the decased alive o.	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY IAT HOME STREET, FACTORY, OFF	DAY YEAR 19 ICE, FARM, ETC.) 211 LOCATION SIREET DM D3 - 31- 9 ond that in (my) (ou	YES [RY OCCURRED (ENTI	NO WINCE REPORTURE OF INJURY IN ITEM CITY OR TOWN O 4 - 0 urred on the date and	COUNTY A IB PART I OR PART COUNTY	SES OF DEATH? NO (2) STATE _, that (I) (we)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER NOTHE MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did or above, (I) (we) (did) (did or	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFF.] 21on view the body of the decide.	DAY YEAR 19 211 LOCATION SIREE1 DOM D3 - 31- 9	YES [RY OCCURRED (ENTIT 19	NO WINCE REPORTURE OF INJURY IN ITEM CITY OR TOWN O 4 - 0 urred on the date and	COUNTY A IB PART I OR PART COUNTY Hour and Irom I	STATE , that (I) (we) the couses state ATE SIGNED
WEDICAL ASSOCIATION OF THE PROPERTY OF THE PRO	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. S certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did at 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFF	DAY YEAR 19 211 LOCATION SIREE1 DOM D3 - 31- 9	TYPES [RY OCCURRED (ENTIL	ER NATURE OF INJURY IN ITEM CITY OR TOWN O 4 - 0 urred on the date and CAL STAFF OR PHYSICIAN	COUNTY A IB PART I OR PART COUNTY Hour and Irom I	STATE , that (I) (we) the couses stated

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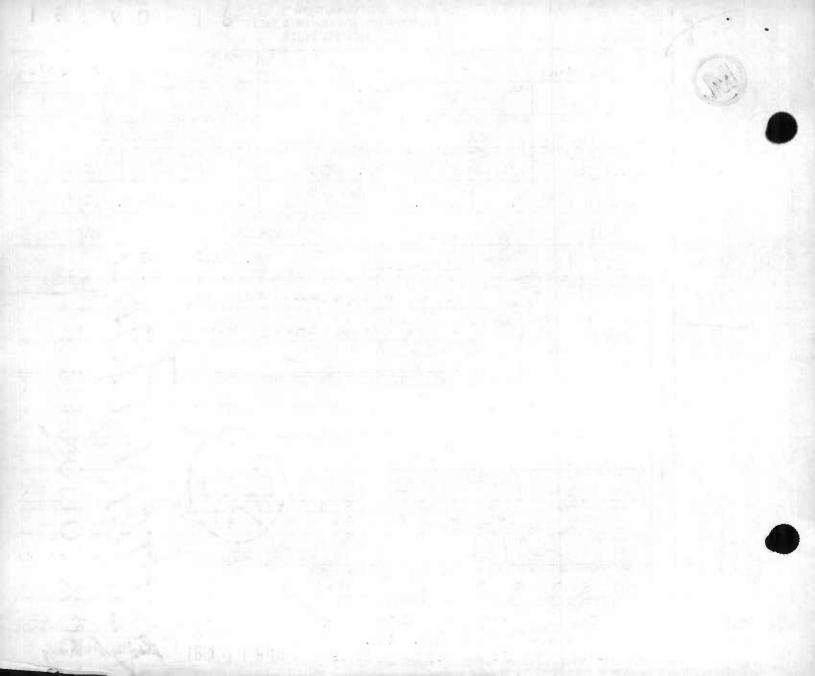
1981

APR 1

DHMH - 16 50M 1/81 (VRA 15, 4)

6010 REISTERSTOWN

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



L							ATE OF A						0	278	200	2
1	FOR STATE								MENTAL	0			0 9	lin	3	4
l r	REGISTRAR DECEASED NAME	FIRST		MEL	MIDDLE	EXAMII	AEK.2	LAST	ICATE C	JF DEA		REG. 1				
	YPE OR PRINT)			. 10						12	OF	ESTI-	MONTH		YEAR	2b. HOUR
	- V	RUSSELL	/ // 0.175.01		UTHE.		- Lie co	FINN					MONTH	12	1981	7 A M
		4. RACE	5. DATE OF	DAY	YEAR	6. AGE (IN Y LAST BIRTH		HE DAYS			RONOUN	4CED	MONIH	DAY	YEAR	2d. HOUR
	Male	White	11	22	19	61	rs.				DEAD		4		19.8/	7AM
	BIRTHPLACE (5T. FOREIGN COUNTRY)	ATE OR	7b. CITIZEN	OF WH	AT COUN	ITRY?	8. MARR	IED X	VEVER MARR	IED 🗆	BALTIM	ORE CITY	OR COUN	ITY OF D	EATH	100
	Wisconso		U.S				WIDOV		DIVOR			SAL	100,0	601	427	MD.
	CITY OR TOWN		(IF NOT II	NSUCHFAC	ILITY, GIVE ST	RSING HON			TUTION	12a. USU. FOR MI	AL OCCUI	PATION (T	YPE OF WORK	12b KIN	ID OF BU	Build
	Woodlawr		160	9 Ca	ntwe]	ll Roa	d Apt	. C		Sa1	es E	ngeni	er	Pr	oduc	te
	JAL RESIDENCE (STATE	IF IN NURSING HOME C		UTION, GIVI		OR TOWN	SION)	fisa. Insio	E CITY LIMITS?	II3e STRE	ET ADDRE	ssBa11	20., 1	Md.	2120	7
1	Maryland	Ba1	timore	3		dlawn		YES [160	9 Car	itwell	L Roa	d Api	t. C.	
4.	FATHER'S NAME		MIDDLE			LAST		15. MOT	HER'S MAID	ENNAME		MDDLE			AST	
	Arthur				Fin	n		I	linnie		,**			Wies	smanı	
6 a	WAS DECEASED	EVER IN U.S. AR	MED FORCE	S?	16b. SOC	IAL SECURI	TY NO.	17. INFO	RMANT			ADDRES	Balto	o., 1	Md.	1207
	YES NO OR UNKNOW	WW	WAR OR DATES		388	-18-8	467	Ei1	leen B	. Fin	n 160	9 Car	twe1	1 Rd	. Api	. C
_	IB CAUSE OF	DEATH (Enter an	ly ane cause	per line f	9r (a), (b)	(c)		0						API	PROXIMATI	
	PARTIDE	ATH WAS CAUSED	D BY: TE CAUSE (a	1	to) (V							90	200	2
	1429	19			AS A CON	ISEQUENCE	OF							- /		
		s, it any, which) (b)												
	cause (a)	stating the under-	< '	, .	AS A CON	ISEOUENCE	OF									
	lying caus	e last.	(c)												
		NIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BE	UT NOT RELA	TED TO THE TER	MINAL OISEAS	E OR CONOIL	TION GIVEN IN PA	ART 1 (a).						
NO																
CAT	19a. DATE OF	OPERATION	196.	CONDITI	ON FOR	WHICH OPE	ration w	AS PERF	ORMED?					20. A	UTOPSY	
TIFE														Y	ES 🗌	NO 🗌
CERTIFICATION	21a EXTERNA	CAUSE WAS	21b.	TIME OF	MONTH	DAY YEA	21c. H	ULNI WO	RY OCCURRE	ED (ENTERN)	ATURE OF IN	JURY IN ITEM 1	8 PART 1 OR P	ART 2)		
IVO	UNDERLYING CONTRIBUTIN	OR IG CAUSE OF I		P.M.	монтп	19	113									
MEDICAL	21d. INJURY O	CCURRED			F INJURY			CATION			CITY OR TO	NA/NA		OUNTY		STATE
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	deoth results		olcoures (7	Accident		vicide	1	micide ,		rmined mo		mu m my c	pinian		
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	EXAMINER'S N	TAME	TOIT	ODE	IVA	TIONA	LPI	KOERES!	()							
23a	BURIAL, CREMAT	ION, REMOVAL 2	3b. DATE		23c. N	AME OF GR	METERIZO	R CREMA	TORY	23d. LOC	ATION				- :	
	(SPECIFY) But	rial	4/27/	81	1	ownsv:					wnsvi	111e	A.A.	CO.	Md.	ATE
24.	FUNERAL DIRECT	OR		Ва		, Md.				REC'D. BY	REGISTRA				RE	
Нι	ıbbard F	uneral H	ome,	inc.	4107	Wilke	ens A	V.	APR	1241	1991	F	499	Man	The same	
=										-	NV.					

Contract the state of the state TO A STATE OF THE SERVICE OF THE SER CARLL AL TOSTAN SHOULD LANDERS SALTIMONE ES PUREZ LE DE

the attending physician and completely filled in by the funeral dire remove carbonpapers. Pages 1 and 2 should be filled within 72 hour

IMPORTANT: If them 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. this certificate has been signed by the burial-transit permit. Then please

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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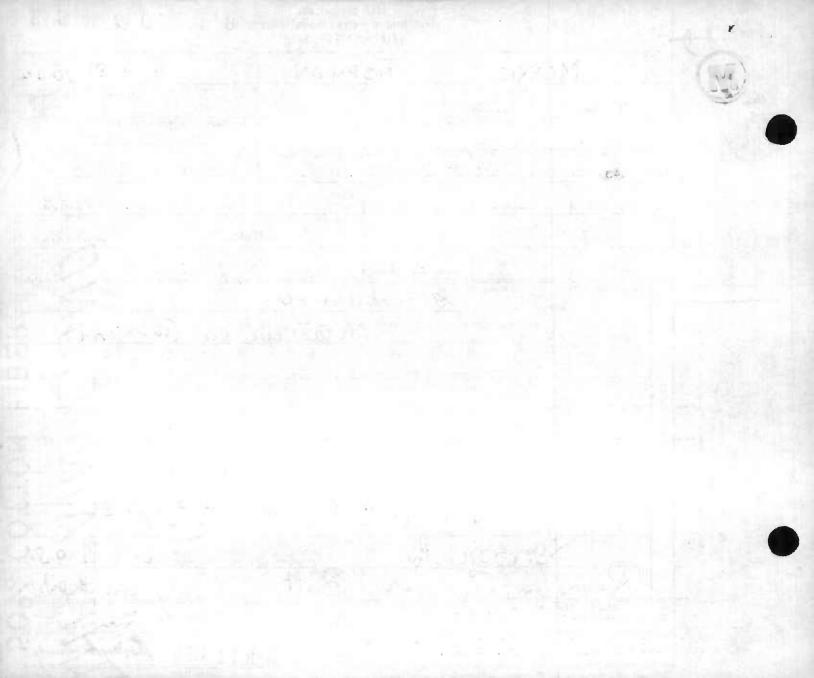
		REGISTRAR			CEKTIF	ICATE OF I	EAIR	REG. N	10.				
		CEASED NAME PIRST		MIDDLE	Fis	AST A	NI	20 DATE OF DEATH	MONTH 4	9 81	2b 1	HOUR	
	3. SEX		1. RACE		5. DATE C	DE DIDTH	7 V	6 AGE (IN YEARS LAST BI	PINDAY	IF UNDER TYE	1/ 0	J. 4/AM	
	3. 3E A	M .ALE	WHIT	E	DE		1894	86	YRS	MONTHS DAT			
-		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	XX NEVER	MARRIED -	9. BALTIMORE CITY	OR COUNT	Y OF DEATH			
1		RUSSIA	USA		WIDOWE	_	VORCED	BALT	IMORE	COUNTY	1	MD.	
4	RAN	VOR TOWN OF DEATH	BALTI	HOSPITAL, NURSING HEACILITY, GIVE STREET A MORE COUN	TY GE	N. HOS	P.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) PROPRIE	OF WORKING L	IFE) INDUST		SINESSOR	
1	13a. S	MARYLAND I		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN RANDAL	J			130. STREET ADDRESS 8608 PILS	SEN RI	D. #	‡211	.33	
P	14 FA	THER'S NAME DAVID	WIDDIE	FISHMAN		15 MOTHER	FIRST SH	ISHA MIDDLE		UNI	NOW	IN	
		(AS DECEASED EVER IN U.S. AL	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUR		17. INFORMA	MRS	. HILDA A.	FISH				
		18 CAUSE OF DEATH (Enter o	-1			18608 P	ILSEN R	D., RANDAL	STOWN		2 OXIMATE	1133 INTERVAL	
		PART I. DEATH WAS CAUSI	ED BY:	line for for bi, one	K	Coole	30.			BETWEE	N ONSET	INTERVAL I AND DEATH	
		120 A IMMEDIA	TE CAUSE (b)				0/10		<i>C</i> 0				
		Conditions, if any, which	1	R AS A CONSEQUE	NCE OF	Moto	8/0/	'r Co	Cad	mash's	Ca		
1		gave rise to immediate	(b)_			0000	201000	C CCC		0.00	V/		
1		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF								
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GI	VEN IN PART	1(0)		
	ON												
-	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH (OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? 20b. IF YES, WERE FIND IN CERTIFYING CAUSE				DINGS USED ES OF DEATH? NO	
٦	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)							
	_	OR CONTRIBUTING CAUSE OF DE	A111	M. MONTH DA	Y YEAR								
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATIO	N						
	×	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, FA	RM ETC)	STREET		CITY OR TO)WN	COUNTY		STATE	
		220.1 certify that (1) (this hasp	ital) attended th		4	8	, 19_8/	_, 10 4.9	•	19 8	, that	(I) (we) last	
		saw the deceased alive or above, (I) (we) (did) (did no	at) view the bady	after death	, or	nd that in (my)	(our) opinion d	leath occurred on the d	ate and ha	ur and from t	ne couse	es stated	
276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN										27c. DA	TE SIGN	7.8/	
		221. PHYSICIAN'S NAME (TYPE OF A VADV	RG C	TOUNDA	RA	220 ADDIES	altim	as Gun	la (GNL 3	Hop	rida .	
	23a. Bl	URIAL, CREMATION, REMOVAL	23b. DAJE 4/10			EMETERY OR	REMATORY	23d. LOCATION	1				
	{5			/81	BNAI	JACOB		BALTIMO	ЖE	MARY	AND	STATE	
			EVINSON	& BROS.	INC.	1015		REC'D. BY REGISTRAR	-	A SIGN	TUR		
	U)10°REISTERSTO	VN ra. B	ALIU., MD	2	1215	AD	1991	,0%	2/2020	100	Apolity	

1981

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: etained by the haspital

TO HOSPITAL OR ATTENDING PHYSICIAN: The low



FOR 1 - STATE REGISIRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	REG. N	0	9	2	5	6.
MELEASED NAME FIRST	MIDDLE	LAST	20 DATE O	F DEATH	MONTH	DAY	YEAR	2b. HO	UR
(TYPE OR PRINT)									

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO)				
		EASED NAME FIRST	MIDDLE		LAST		MONTH DAY	DAY YEAR 2b. HOUR			
	(TYPE	EDNA	FRANCES	FI	LAHERTY	April 26,	1981		3.30 P.M.		
	3. SE	x	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIR		JNDER) YEAR	IF UNDER 24 HRS		
3		Female	White	June	7,01902	78	YRS	THS DATS	HOURS MIN.		
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	0	9 BALTIMORE CITY O		DEATH			
£		aryland	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	Baltimor	e Cour	nty,	MD		
3	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR		
5		Towson	(IF NOT IN SUCH FACILITY, GIVE STREET St. Jospen	s Hos	spital	Group CL	rking (IFE)	Fed.	Govt.		
6	13a. S	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO 130. CITY OR TO 120. CITY OR TO 120.		13d. INSIDE CITY LIMITS?	6641 Walt	her A	ve. A	Apt. A		
	14 FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA						
C		Edward	Callaha	n	Laura	WIDDLE		Munr	1		
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS				
	()	YES, NO OR UNKNOWN) (IF YES, GIV	212-10	-6768	Joseph E. I	Flaherty E	alto.	, Md.	21234		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	(1111	te me		farction		one.	MATE INTERVAL ONSET AND DEATH		
		DUE TO, OR AS A CONSEQUENCE OF A.S. C. V. D. Vears. Conditions, it ony, which (b) a or the answering m.									
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	JENCE OF							
	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN	IN PART I	0'		
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	OF DEATH?				
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA									
	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION						
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	NA	COUNTY	STATE		
		sow the deceased alive on	tol) attended the deceased from 13 19	May 81	23 , 19 6 3 and that in (my) (prinion o	, 10	2.6 , 19_		that (1) (w) lost		
		obove, (I) (vertical) (did not) view the body ofter deoth. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN M DIRECTOR PHYSICIAN									
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	O SIRECTOR 111131C	IAC L	//	// 1/01		
1		Ataollah (Golpirá, M.D.		3029 Dunda	alk Avenue	. 284-	-3322	2		
		SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		OLINE	STATE		
		Burial	Apr.30, 81 N	ew Ca	athedral	Baltimo	re Ma	rvla	nd		

DHMH-16 30M 2/80 (VRA 15, 4) William E. Johnson 8521 Loch Raven Blvd. APR 27 198

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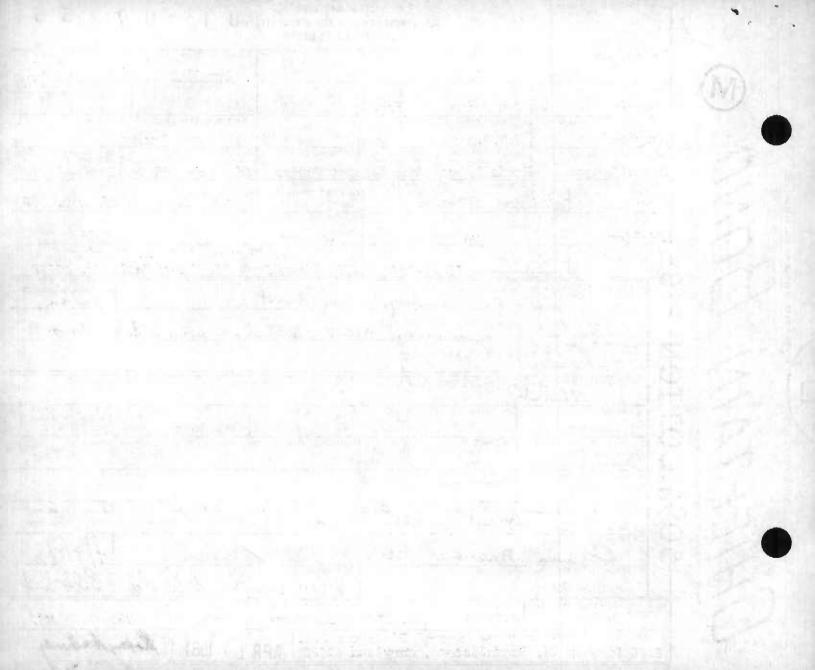
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0		EGISTRAR				CERTIF	ICATE OF DEA	ATH		REG. NO)		
1		ASED NAME	FIRST		MIDDLE	L	AST		2a DATE OF			DAY YEAR	26 HOUR
	(TYPE OR	PRINT)	ary	T,		Flemi	na		An	ril 8		1981	8:25 _{A.M}
3	B. SEX			RACE		5. DATE C	F BIRTH		6 AGE (IN Y		HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Fer	nale		Caucas	ian	Feb.		93	88		YRS.	MONTHS DAYS	HOURS MIN.
7		HPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MAI	DED [9 BALTIMO	RE CITY OF		OF DEATH	
501		land		U.S.A.		WIDOWE			Balti	more (Count	и.	MD.
1 a		or town of deallstown		(IF NOT IN SU	HOSPITAL, NURSIN CHEACHLITY, GIVE STREET Stown Con	ADDRESS)			12a USUAL	OCCUPATION FOR MOST OF	ON WORKING LIF	12b. KIND C	of Business or
71	130. STA	TE		HER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOW $Towson$	ADMISSION)	136 INSIDE CITY		13e. STREET 305	ADDRESS			ot. 603
21	4 FATH	IER'S NAME	M)(DDLE	LAST		15. MOTHER'S M		ME	MIDDLE		i A	ST
30	Wil	liam			Cooper		Florer			MODEL		Hall	
1		S DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Mr. C	laytor	2 ADDRES	SS A.	Fleming	7
1	no	THO ON OTHER TOWNS		213-28-1989 4308 Piney Park Rd. Perry Hal									
	P	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									EN IN PART 1	01	
2	CERTIFICATION	u. DATE OF OPERA	ITION FOR WHICH	OPERATIO	N WAS PERFORM	IN CERTIFYING				VERE FINDINGS USED NG CAUSES OF DEATH?			
-	N C	CALICE OF DEATH			AE OF INJURY R A.M. MONTH DAY YEAR P.M. 19 ACE OF INJURY 211. LOCATION			RY OCCURR	100	TURE OF INJUR	Y IN ITEM 18 F	PART 1 OR PART 2)	
1		WHILE NOT WE	ARM, ETC.)	STREET			CITY OR TOV	VN	COUNTY	STATE			
9	2	saw the decease obove, (1) (we) (ed alive an_	April	8 198		d that in (ou	19 <u>6</u> 9 ir) apinion d		PR(L d an the do	te ond hou		thot (we) last couses stated
			nan	Bre	her 1	ws.	PHY	NDING SICIAN Z	MEDICAL DIRECTOR	STAF	F IAN 🗌	4/9	SIGNED 8
1	2	22d PHYSICIAN'S NAME (TYPE OR PRIN			172 ADDRESS 6410 W					Milk	Rel	. Bal	to land
3	23a. BUI	RIAL, CREMATION, CIFY) Burial	REMOVAL	23b. DATE 4-10-8			emetery or cre Det Cemet		Balti	ORTOWN	-0	county -	Md.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

8728 Liberty Rd. Randallstown, Maryland 21133 APR 1 1981



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(VRA 15, 4)

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FOR - STATE

REGISTRAR

DECEASED NAME

24. FUNERAL DIRECTOR

Lassahn Funeral Home

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

LAST

7401 Belair Road

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

Homemaking

Leary

IF LINDER 24 HRS

21206

STATE

81

IF UNDER 1 YEAR

INDUSTRY

YES [

250 DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

20 DATE OF DEATH

to es an analysis of the second secon Comment of the first and a second of the second AND CONTROL OF THE PARTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE KNOWN OF ESTI-(TYPE OR PRINT) E FUNERAL DIRECTOR.

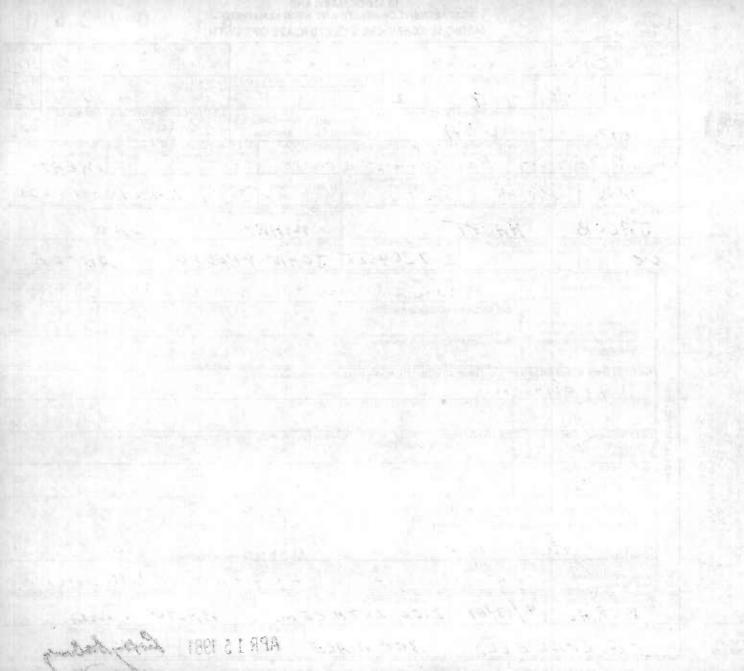
E 5 FOR YOUR FILES.

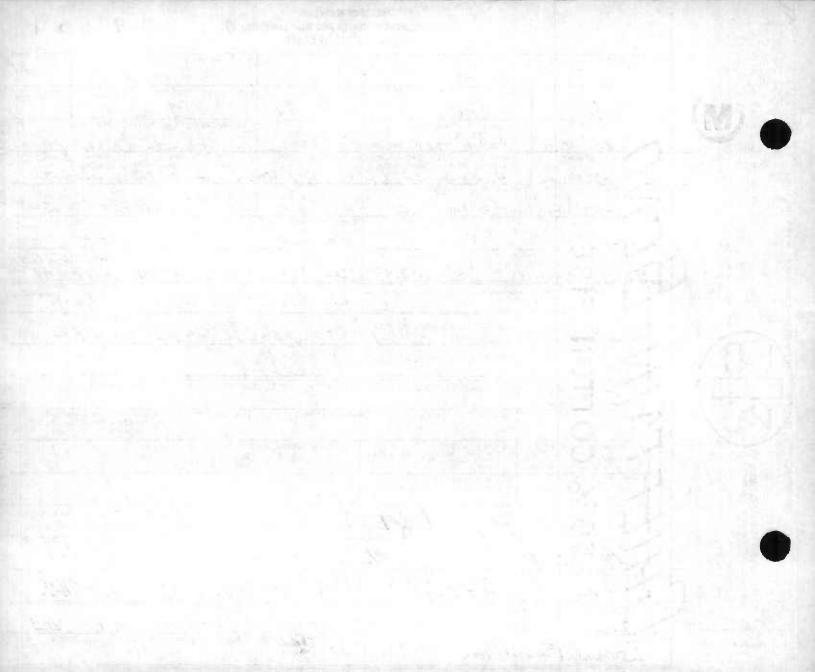
ED WITHIN 72 HOURS

W. PRESTON STREET, FORD FRANK LEE 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS F +120 3 SEX DATE LAST BIRTHDAY PRONOUNCED 181 white 26 1952 male 28 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? MARRIED TENEVER MARRIED FOREIGN COUNTRY) Baltimore County Virginia U.S.A. WIDOWED DIVORCED 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F 2 SHOULD BE FILED W 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IN CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Gunpowder River Dept.Of Highway Balto.Co. Essex USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN
Dundalk 13e. STREET ADDRESS 1713 Drexel Road DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 Baltimore 13d. INSIDE CITY LIMITS? но 🛚 Maryland HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AI NRD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AN HIFM MEDIOAL EXAMINER ALCONG WITH FORM PM 3. RE USED AS A BURIAL- TRANSIT PERMIT. PAGES 1 AND 2 SHOOF HEALTH AND MENTAL HYGIENE, DINISION OF GENERAL REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lois LAST FIRST Ford N. Conner Frank 17. INFORMANT ADDRES 713 Drexel Rd. 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)
Vietnam (YES, NO, OR UNKNOWN) Balto., MD. 21222 217-60-1762 Judith A. Ford Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNDAL BIE USED AS, AFFER DEATH WITH STATE DEPARTMENT OF HEALTH BALLTIMORE, MARY JAND, 21201 PRIQK TO BURIAL, CRE 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Boat Capsized CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY STREET, FACTORY PARTETC.) Gumpowder River CHYORESSEX. Maryland STATE NOT WHILE AT WORK 220 I certify that I taak charge of the remains described obave, held on ond in my apinion Inspection Hamicide Undetermined monner death resulted from TITLE (SPECIFY) 4-28-81 DATE ACTUAL Assistant MEDICAL EXAMINER SIGNATUR 111 Penn Street Dixon, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore Maryland 5/1/1981 Oak Lawn Burial BP. 24 FUNERAL DIRECTOR Duda-Ruck Inc. 250. DATE REC'D. BY REGISTRAR 256 HE TRAR'S SIGNATURE **DHMH-17** Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5)) 15M 2/80

3-12- Australian - 12-E

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DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. FU	NAME . J. G. CCAN	ELL,	300	MA	APR	1 5 1981 256. F	REGISTRAR'S S	GIGNATURE	



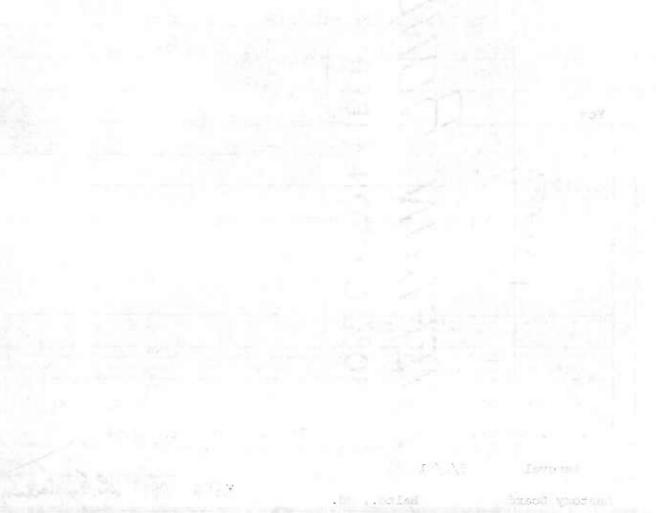


MARYLAND 21201

W. PRESTON ST

DIVISION OF VITAL RECORDS, 201

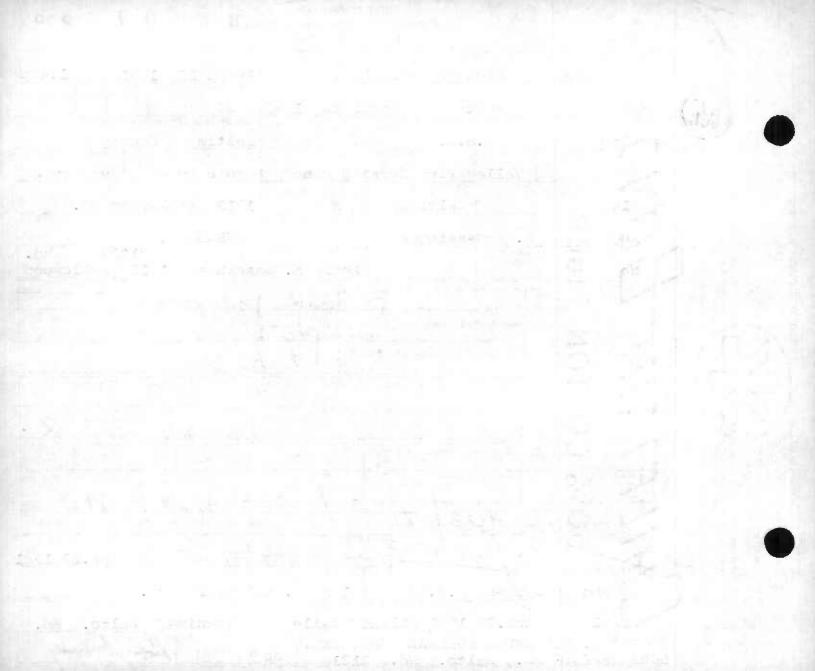
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to po	3. SE	Male	4 RACE Whit	White		F BIRTH DAY PEAR 1910	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	HOURS MIN.
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1830	14. FA	THER'S NAME Alfred	Norman	Gall	Lagher	15. MOTHER'S MAIDEN NA Mary	Baker		віа	ock
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ry, or ather troumotic event, the		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF AND/OR HEMORRHAGE ACUTE M. I. AND/OR PRE LEUKEMIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
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ked or Item 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAL 21d INJURY OCCURRED	HOUR A	P.M. E OF INJURY	19	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU		COUNTY	STATE
l is morked	ME	WHILE NOT WHILE AT WORK 220. I certify that (I) (this because divined by the deceased alive	ospital) ottended	the deceased fr		4/07 , 19 81		/10	19.81	, that (I) (we) last
JT: If Hem 2]		obove, (1) (we) (did) (did not) view the bady after death. 272b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							22c. DAT	+-10-81
with the Stote Dep		DR. K. DY		110		GREATER BA		EDIC/	L CEN	NTER
3 3	23a.	BURIAL, CREMATION, REMO (SPECIFY) Burial	VAL 23b. DATE 4-14	-1981	Lorra	EMETERY OR CREMATORY Lne Park	23d. LOCATION Balleim		counMar	yland' ATE
2/80	24 F	UNERAL DIRECTOR NAME CK TOWSON FULL	eral Hom	e. Ind.	1050 Towson	York Road 250 DA , Maryland A	PR 1 3 1981	25b. RE	May !	Budy

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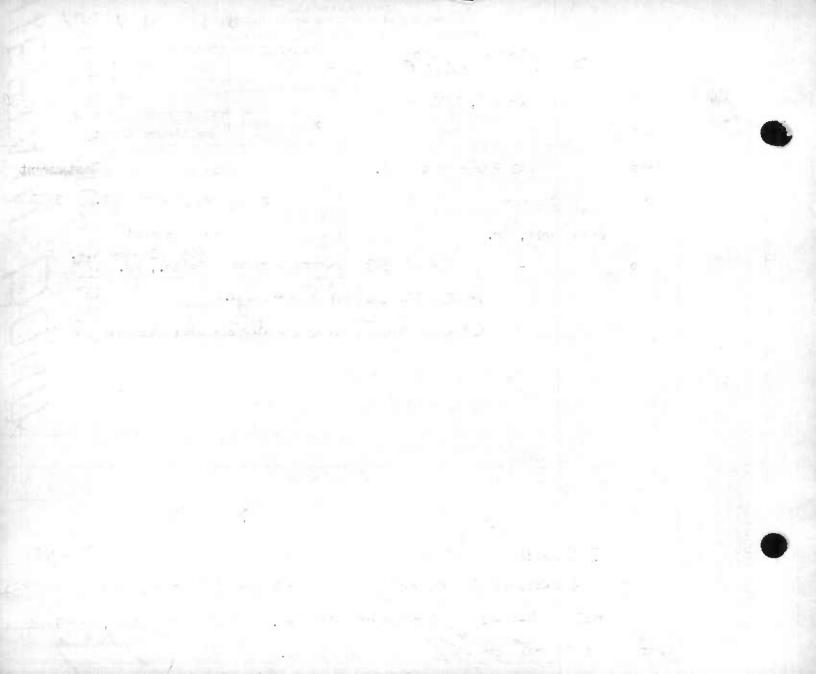
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGINE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a DATE KNOWN (TYPE OR PRINT) ESTIclinton DEATH MATED DEWITT GATEWOOD 4 RACE 3 SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED NO THE FUNERAL DIFF N PAGE 5 FOR YOUR BE FILED, WITHIN 72 H RDS, 201 W. PRESTON S' WHIT MALE DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY/OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY West Virginia USA WIDOWED [DIVORCED COUNTY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) TOWSON 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F JOSEPH' Lumberman Ohio Hardware RECORDS, HOSPITAL USUAL RESIDENCE (IF IN A HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 30. STATE COUNTY 13c CITY OR TOWN 134: INSIDE CITY LIMITS? 13e STREET ADDRESS 16133 PA Mercer LACKSON. DIVISION OF VITAL 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME AND 2 MIDDLE ALIENTIA I FIRST Willie N Wimer Gatewood Hassie 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO Box 33 (YES, NO. OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) Yes WW Dorothey H. Gatewood Jackson Center 18 CAUSE OF DEATH (Enter only one cause pm) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO OR A lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART USED AS 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? BURIA YES [E 3 SHOULD BE U 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 220 I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinian Natural causes Homicide Undetermined manner MEDICAL EXAMINER **EXAMINER'S NAME** Charles F. O'Donnell, MB .. DRE York Road 7501 21204 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 4/18/81 Burial Pleasant Hill Cem. Jackson Cntr. Mercer PA. BP 250. DAJE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** 7401 Belair Road FUNERAL HOME (VR A15 ME (5)) 15M 2/80

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	1 - FOR STATE REGISTRA	R	ME	DEPARTMENT OF DICAL EXAMI	HEALTH		-	O REG. NO	9	2 7	O
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)	Female	4. RACE White	June 8,	1037 JAST BIRTH		DER 1 YR. IF UNDER	MIN PRON	DATE IOUNCED DEAD	MONTH	24 19 81	28. HOUR
5	70. BIRTHPLACE FOREIGN COUN Marylar	nd.	76. CITIZEN OF W	HAT COUNTRY?	MARRI	ED NEVER MARR	IED 🔲 D	altimore city o	_		MD
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1	USUAL RESIDEN 130 STATE Maryla1	1136 COUN		13c CITY OR TOWN	ION)	13d INSIDE CITY LIMITS? YES NO	130 SIREEL AL	DDRESS Sout	h Apt	t.A 212	21
	14. FATHER'S NA FIRST	John Fuel		LAST		15. MOTHER'S MAIDI	EN NAME Mar	y Chanes	ki	LAST	
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	UNDERLY CONTRIB 21d. INJUI	TING OR OUTING CAUSE OF RY OCCURRED NOT WHILE	HOUR A.A DEATH P.A 21e PLACE	M. MONTH DAY YEA	21f. LO	OW INJURY OCCURRE		OF INJURY IN ITEM 18.6		unty	STATE
	T 1 2 1 1	certify that I taak chare soulted from: Natu	ge of the remains de ral causes	Accident , S	Autop:	y , Inspection Hamicide ,	Undetermine	ed monner .	d in my op DATE SIGNE	4/24	81
1		R'S NAME J. CR		DONOUAN 236, NAME OF CI		ADDRESS 2112	Dundal 123d. LOCATIO	K Are.	Bal	to. Md.	21222
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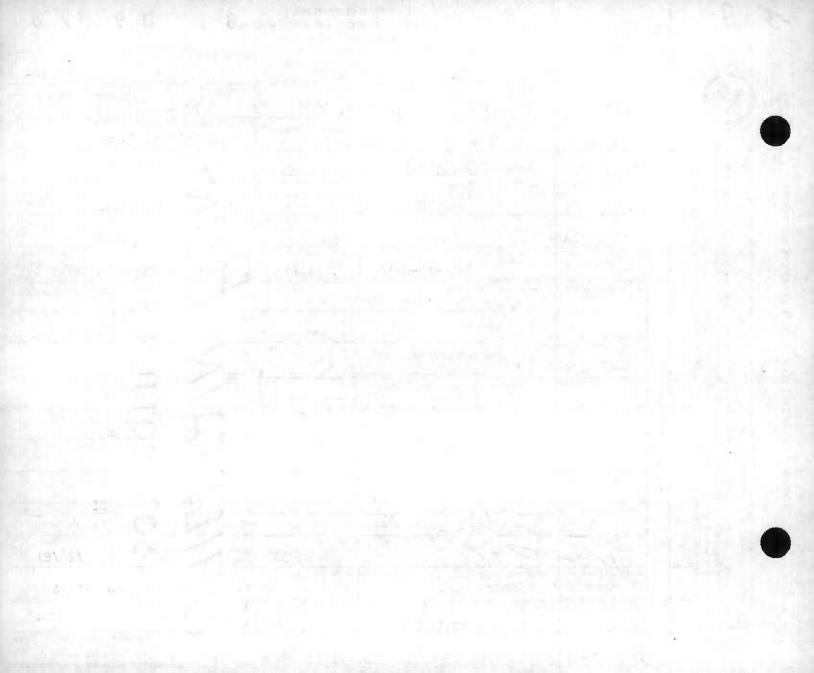


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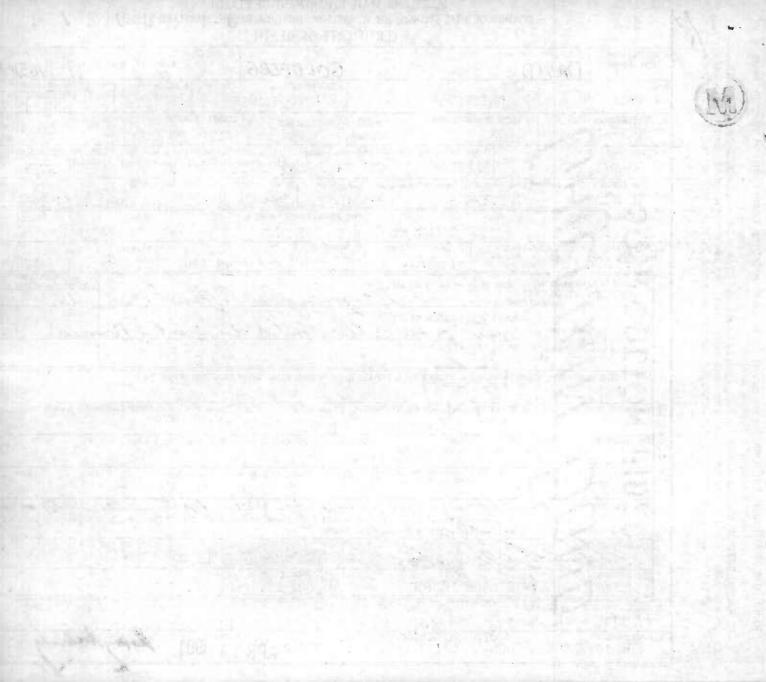
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E, MARYLAND	ACTUAL SIGNATURE		000		M.D.		MEDICAL EX	AMINER	SIGNED		
ALTIMORE,	SIGNATURE EXAMINER'S NA (TYPE OR PRINT	AME) DN,REMOVAL 23		GuardaM.I	AD EMETERY OR C	_{DRESS} 111 Pe	MEDICALE	t,Balto			

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12		3 SE	(4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	
1			FEMALE		WHIT	E	JUNE	6. 1908 YEAR	72	YRS	MONTHS BATS	HOURS MIN
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	po .	10 C	TY OR TOWN OF DEAT				G HOME C	R OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS C
	50		Towson	-				dical Center	NURSE	OF WORKING LIFE	i) INDUSTRY	
and be	3	73a. S	AL RESIDENCE (IF NURSA) ITATE ID.	G HOME OR OT	THER INSTITUTION Y	13c. CITY OR TOWN BALTIMOR	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6008 PINE	HURST	RD.	
	ine	14. F/	THER'S NAME		DDLE	LAST		15. MOTHER'S MAIDEN NA				
3	ECC.		CHRISTIA		DUCE	BARTZ		MAY	WIDDIE	GA	ZLEY	AST
-	col		VAS DECEASED EVER	N U.S. ARMI		166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDR			
5000	Medical	(NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	218-46-0	916	MRS. WILLIAM	A. ANDRESEN	220 N	1ELANCI	HTON AV
	event, the		18. CAUSE OF DEATH PART I. DEATH WA	Enter only AS CAUSED MMEDIATE	BY:	rline for (o), (b), one Congestive	e car	diomyopathy			APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEAT
signed by the Then please rer to burial, crem	y injury, or ather traumatic	TION		ediate the lost. FICANT CO	(c)		EATH BUT	NOT RELATED TO THE TERM				
e e	laws any	CERTIFICATION	19a. DATE OF OPERAT	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES X NO	IN CERTIF	, WERE FIND YING CAUSE	S OF DEATH?
ol-transit	Hem 18 sh		218. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRI	AUSE OF DEATH		FINJURY .M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	IRY IN ITEM 18 PA	ART 1 OR PART 2)	
SE SE		ă	21d. INJURY OCCURR	ED	21e. PLACE			21f LOCATION				
A M		ME	WHILE NOT WHE	LE 🔲	(AT HOME, STI	REET, FACTORY, OFFICE, FA		STREET	CITY OR TO		COUNTY	STATE
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ched for use as the bu	f frem 21 is marked	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital	ottended th	e deceosed from	3/2. 81 , or	5 STREET 81	4/19	ote and hour	ond from th	, that (I) (<u>we)</u> (
ched for use as the bu	f frem 21 is marked	ME	white Not white AT WORK AT WORK 270.1 certify that (1) (sow the decease of the	this hospital dialized on the control of the contro	ottended the 4/10 ottended the 4/10 ottended the body	e deceosed from	3/2. 81 , or	STREET , 19 81 and that in (my) (our) opinion DEGREE ATTENDING	depth occurred on the d	lote and hour	22c. DAT	, that (I) (we) I e couses stated E SIGNED
DIRECTOR: After this ached for use as the budget, of Health and M	f frem 21 is marked	23a l	WHITE NOT WHI AT WORK 220.1 certify that (1) (Sow the decease obover (1) we just 12% SIGN TURE 224. PHYSICIAN'S NA.	this hospital d office on a	irota,	M.D.	3/2. 81 , or	DEGREE ATTENDING PHYSICIAN PHYSICIAN CAPETERY OR CREMATORY STREET 81 ATTENDING PHYSICIAN CAPETERS 6701 N. Cha	MEDICAL STADIRECTOR PHYSIC	ote and hour	22c. DAT	, that (I) (we) e couses stated E SIGNED /20/81
DIRECTOR: After this inched for use as the build Dept. of Health and M	IMPORTANT: If them 21 is marked	230	WHITE NOT WHAT WORK 220. I certify that (1) (sow the decease obsert if the 1) (121b. Short Turk 22d. PHYSICIAN'S NA. Ronald URIAL, CREMATION, F. SPECIFY)	this hospital d office on a	irota,	offer death. M.D.	3/2. 81 , or	DEGREE ATTENDING PHYSICIAN PHYSICIAN CANDELSS 6701 N. Cha EMETERY OR CREMATORY CHILD TERMS S PRESBY CHU	MEDICAL STADIRECTOR PHYSIC	FF CIAN S	81 ond from th 22c. DAT 4/	that (I) (we) e couses stated E SIGNED / 20/81



MARYLAND STATE DEPARTMENT OF HEALTH

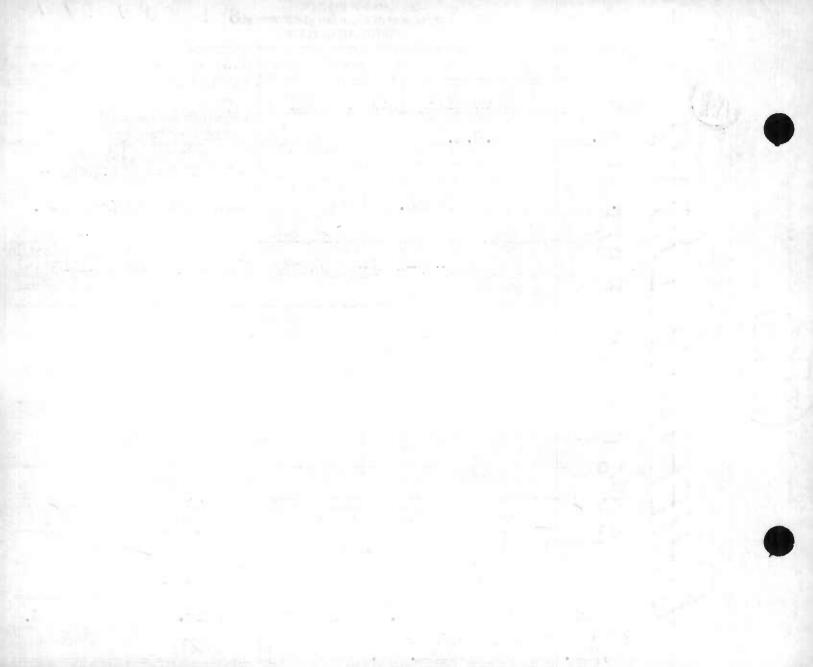


	1 -	FOR STATE REGISTRAR		DEPARTM	NENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	0 9	2	7 5
m F		CEASED NAME (FIRST	MIDDLE	LA	IST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
nay be page 3 r death				lice GOL			April 20,	1981		3:02 P
ge 4 mo	3. SEX	Female		hite	July	7, 1938 YEAR	6 AGE (IN YEARS LAST BIRT	YRS.		HOURS MI
depth. Po	We	RTHPLACE (STATE OR FORE COUNTRY) st Virginia	US		WIDOWE		Baltimore city o	County		,
s offer o		TY OR TOWN OF DEATH	11. NAME OF LIFTON IN SE	HOSPITAL, NURSING OCH FACILITY, GIVE STREET A lin Square	GHOME OF	rother institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Waitress		INDUSTRY	urant
filled in rauld be	13o. S		Bhome or other institution in County Baltimore	I3c. CITY OR TOWN	admission) N	13d INSIDE CITY LIMITS? YES NO G	13e. STREET ADDRESS 1413 Susse	x Road	21221	
completely 1 and 2 sh	14. FA	THER'S NAME FIRST	Audra Meth	eny		15. MOTHER'S MAIDEN NA FIRST	Gene Elliot		LAST	
e be execut cian and co ers. Pages 1 if.		VAS DECEASED EVER IN YES, NO OR UNKNOWN) {	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	219 26 8		Milton J. Go	ADDRE	Same		AATE INTERVAL INSET AND DEA
equires that the death ce signed by the attending Then please remove carb to burial, cremation, arr njury, or other traumatic	NO	Conditions, if any, we gave rise to immed cause (a), stating underlying cause PART 2. OTHER SIGNIF	diate the last.	or as a conseque	NCE OF	na of the col	metastasi	S	IN PART 1(a	1
has been to permit. The permit. The permit. The permit. The permit and permit	CERTIFICATION	190. DATE OF OPERATIO	DN 19b CONI	DITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	IG CAUSES	
HYSICIAN: The low reducing physicion. is certificate has been buriol-tronsit permit. Mental Hygiene prior retem 18 shows any in them 18 shows any in them.		21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	USE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
DING PHYS or attendin After this of the bure of the bure of the bure of the bure of the ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR FO	NN	COUNTY	STATE
A P P P P P P P P P P P P P P P P P P P			his hospital) attended to alive an	. / /		d that in (19) (aur) apinian	death accurred an the do	19_ ite and haur an		hat D (we) couses stated
Che Che		22b. SIGNATURE	Winto,	M . D.			MEDICAL STAF	F IAN 🔀	4/2	0/81
-0 111 0 0	E .	22d PHYSICIAN'S NAM	(TYPE OF PRINT)			22e. ADDRESS				21237
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STATE OF MARYLAND



X	1	FOR - STATE REGISTRAR			DEPAR	TMENT OF E	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH		REG. NO	0 9	9 2	18
n#			IRST A	,	MIDDLE		ASI	2a DATE C	OF DEATH	MONTH O		HOUR AM
0			LDA		S.	GR		1 ACE	YEARS LAST BIRT		5 1981 FUNDER I YEAR	3:00M
	3. SE			RACE	CTAN	5. DATE (DAY YEAR			W		HOURS MIN.
War a	70 8	FEMALE IRTHPLACE (STATE OR FORE		CAUCA	STAN WHAT COUNTR	FEB.		9 BALTIM	ORE CITY O	YRS. COUNTY (DE DEATH	
36		MD.	1014 70.	U.S		MARRIE	DENEVER MARRIED DIVORCED		MORI	_		MD.
號	in the	TOWS ON		MAME OF H			ARLES ST.	12 a. USUAI (TYPE OF WO HOME	OCCUPATION FOR MOST OF	WORKING LIFE)		BUSINESS OR
186		MD.	BALT		GIVE RESIDENCE BEFI 13c. CITY OR TO TOWSO	WN	13d. INSIDE CITY LIMITS? YES NO XZ	337	ADDRESS	E DR	IVE	
32		ATHER'S NAME FIRST WILLIAM		Η.	ST	UCK	ELIZABI		MIDDLE	20	LAN	G
medical		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	IF YES, GIVE W	AR OR DATES)	115-32-		J. IRVINO	G GRAY		BAND) SAME	ADDRES
r, or other troumotic event, the		Conditions, if any, we gove rise to immed couse (0), stating underlying cause	diate the last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEC	DUENCE OF	NOT RELATED TO THE TER	RMINAL DISEA	SE OR CONI	DITION GIVE	N IN PART I(a)	
yani injury,	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUT	IOPSY?		WERE FINDING ING CAUSES C	
is morked or Item 18 sho		210. ACCIDENT WAS UNDERLOOP CONTRIBUTING CAU	SE OF DEATH		M. MONTH M.	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER 1	NATURE OF INJUS	RY IN ITEM 18, PAI	RT I OR PART 2)	
ed or	MEDICAL	214 INJURY OCCURRED		21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
21		22a I certify that (1) (the saw the deceased above, (1) (we) (did	alive an	4-	5 19	01	nd that in (my) (our) opinia	n death occur	4-5 red on the do	, 1 ate and hour		
ZT: # #ea		22b. SIGNATUR	sel	exir			DEGREE ATTENDING PHYSICIAN	MEDICAI DIRECTO	L STAF	F IAN X	22c. DATE S	
MPORTANT: If them	-	ALVARE	ر ز	TER	EZ		GBMC-67			RLES S	ST.	
- 2		BURIAL, CREMATION, RE		236. DATE 4/8/8	P	ROVID	EMETERY OR CREMATORY ENCE UNITE	n ci	BALT	0.	COUNTY	STATE
M 2/80 4)	24	UNESCHIMUNE HOME	CK FU	NERAL	97.05	BELA	IRT REHURCH	DD 17	1981	ZSb RECOUR	AN SIGNATU	ready

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DIVISION OF VITAL RECORDS,

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Franc Willard Unknown

220 48 5188 Thomas C. Green, Jr. Serre

Buriel 1/25/81 New Cabhoscal Balbo., Md. Herry W. Ushkirs 8 20 = Co.
Let's Road Balbo., No. < 1 1

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	STA	TE OF M	ARYL	AND		ť
DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE	C

	1 -	STATE REGISTRAR			JEI AKI	CERTIF	ICATE OF DEATH			G. NO.			
		CEASED NAME OR PRINT)	HOWA		Benton		ROVE	20	APRII		1981	YEAR	12:15A
١	3. SEX	(4 RACE		5. DATE C		6.	AGE (IN YEARS LAS	T SIRTHDAY]	IF UNDE	R 1 YEAR DAYS	IF UNDER 24 HRS
d	100	Male		Whi	te	Nov.	. /		89	YRS		DATS	HOURS MIN.
F	CC	RTHPLACE (STATE OR DUNTRY) Marylan		76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE		9.	BALTIMORE CIT				ME
	-	TOWSON		11. NAME OF			OSPITAL	(1	USUAL OCCU		GLIFE) IND	USTRY	F BUSINESS OR
3	130. S Ma	ryland	13b COUN		13c. CITY OR TOV		13d. INSIDE CITY LIMITS YES NO 🛣		STREET ADDRE	ss uenti	n Av	enu	ıe
C	14 FA	Benton	W.	Gro	ve LAST		Anne	INAME	Iren	е	Powe	11	ī
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC		17. INFORMANT			DRESS			
		NO OR UNKNOWN)			190-05		Martha A	4. G	rove B	altim			MATE INTERVAL
	CERTIFICATION	Conditions, if ar gove rise to it cause (o), sto underlying cou	mmediate fing the ise last.	DUE TO, OI		DEATH BUT	NOT RELATED TO THE T		AL DISEASE OR C	- 19.60	GIVEN IN F		1000
4	TIFIC/	176 DATE OF OPER	ATION	I'M COND	THE TOTAL VALUE	TOTERATIO	T WAS TENTONINED		YES NO	IN CER			OF DEATH?
1		21a. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DE	NIN	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	CURRED	JENTER NATURE OF	INJURY IN ITEM	18, PART 1 OR	PART 2	
	MEDICAL	- 77	WHILE WORK		REET, FACTORY, OFFICE,		211. LOCATION STREET			RTOWN	cou		STATE
				APRI		, 01	H 26 , 1981 and that in (Azy) (our) opin DEGREE		th occurred on t			rom the	that XI (we) loss couses stated SIGNED
	20	22b. SIGNATURE	cku	12 8	fer.		M.W. ATTENDIN PHYSICIAL		MEDICAL DIRECTOR PH	STAFF YSICIAN 🗗		4/1	9/8/
1		POC	KUN	PEI			SAIN		TOSE	DIA	140	IDI	7172
		Burial, CREMATION	N, REMOVAL	Apr. 2		orela	emetery or cremato	ory Park	23d LOCATION CITY OR TOWN Balti		COUNTY	20 77 75	STATE
		JNERAL DIRECTOR		kihr . C.	of OI M	OLCIA			EC'D. BY REGIST		CO.,		

DHMH - 16 50M 7/77 (VR A 15 (4))

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24 FUNERAL DIRECTOR
William E

Johnson 8521 Loch

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STATE OF MARYLAND

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S. Linde J. W. Branch L. 15"

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INDUSTRY SALES WOHAN AND HOHEMAKER 908 CREST WICK STONESTREE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c DAJE ATTENDING MEDICAL STATE 7600 Osler Drive, Towson, Maryland 21204 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Apr.17,1981 Baltimore Cemetery Maryland Burial Baltimore 1050 York Rd. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204PR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

IF UNDER 1 YEAR

DAYS

COUNTY,

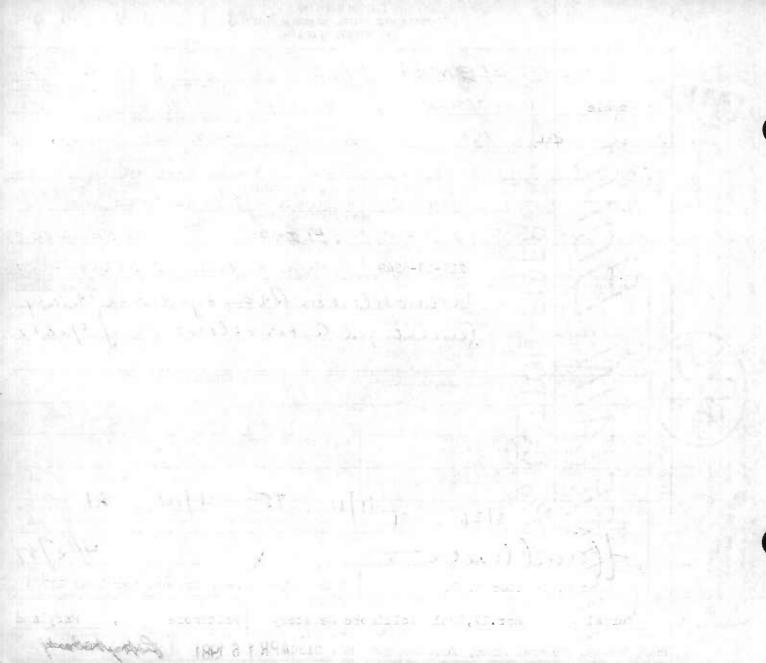
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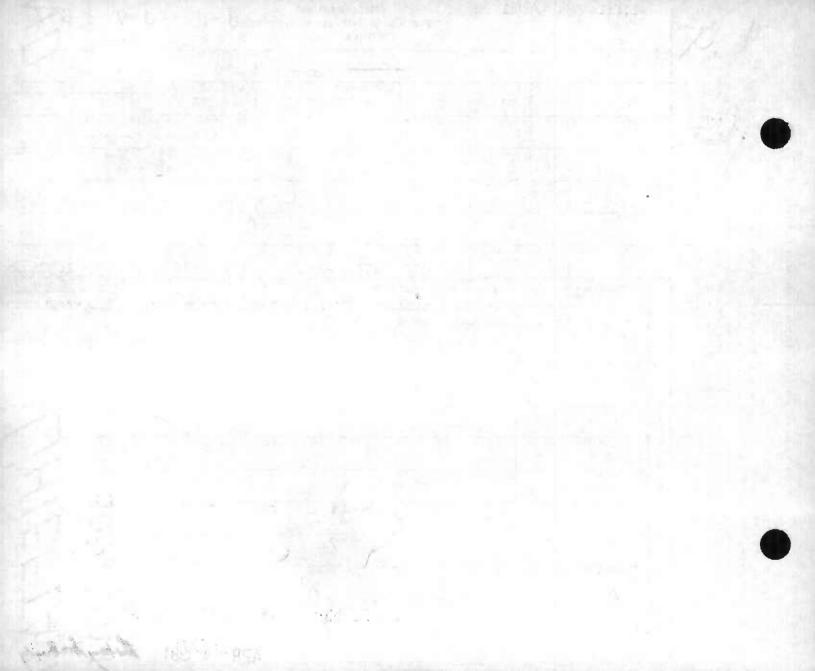
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REGISTRAR

I. DECEASED NAME



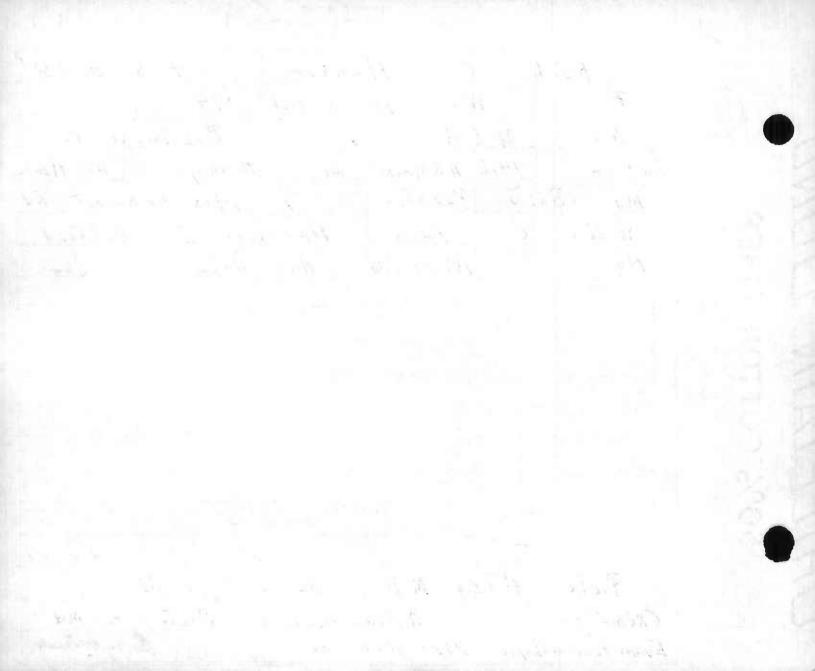
O		FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	/ 6a V
page 3		CEASED NAME FIRST HU	JEL MIDDLE	HOMER Hamer	2a DATE OF DEATH MONTH 4-4-	-81
offer d	3. SE	Male	4. RACE Black	5. DATE OF BIRTH MONTH—17—05 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		S.C.	75. CITIZEN OF WHAT COUNTR' USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	Baltimore C	
filed with	P	ikesville	1302 Idylwo	ood Road	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
should be er grust be	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEE JNTY 136, CITY OR TO Balti	DWN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS 1302 Idylew	ood Road
30 and 2		elroe Hamer	MIDDLE LAST	is. Mother's Maiden NA	WIDDLE	IASI
Poges 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, G	GIVE WAR OR DATES)		ADDRESS bara Williams	s 1302 Idylwo
rending physici e corbonpoper on, or removal. Imatic event, th		4100	DUE TO, OR AS A CONSEC	OUENCE OF	ing bright for	Chris
ined by the atter n please remave o burial, cremotion, y, ar other traum	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	DUENCE OF	ainal disease or condition g	SIVEN IN PART 110
vermit. Then please rente prior ta burial, crem	THICATION	gave rise to immediate couse (a), stating the underlying couse lost.	CONDITIONS CONTRIBUTING TO		20a AUTOPSY? 20b IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
Ourga-ransi permit, then please ref	EDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION TO THE CONTRIBUTION TO CONT	DAY YEAR 19 216 LOCATION	200 AUTOPSY? 200 IF Y YES NOT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SEPART 2)
Control of the first control of the first of	MEDICAL CERTIFICATION	GOVE rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICALEXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK 22a.1 certify that (1) (this has)	CONDITIONS CONTRIBUTING TO VINCENT 196 CONDITION FOR WHICH PART HOUR A.M. MONTH P.M.	DEATH BUT NOT RELATED TO THE TERM THO OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI 19 21f. LOCATION STREET DEGREE ALTENDING	20a AUTOPSY? 70b IFY YES NOT NOTE: RED (ENTER NATURE OF INJURY IN ITEM IS CITY OR TOWN death occurred on the date and he	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SERVICE NO STATE COUNTY STATE , 19 , the III (we) lost
hed for use os the burial-transit permit. Then please ren isp., of Heolth and Mental Hygiene prior to burial, crem tem 21 is marked or Item 18 shows ony injury, ar other r	MEDICAL	GOVE rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPTH CAUSE	CONDITIONS CONTRIBUTING TO CONDITION FOR WHICE THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE THE BODY of the Body ofter death.	DEATH BUT NOT RELATED TO THE TERM THO OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI 19 21f. LOCATION STREET DEGREE ALTENDING	20a AUTOPSY? 20b IF Y YES NOT	COUNTY STATE 19



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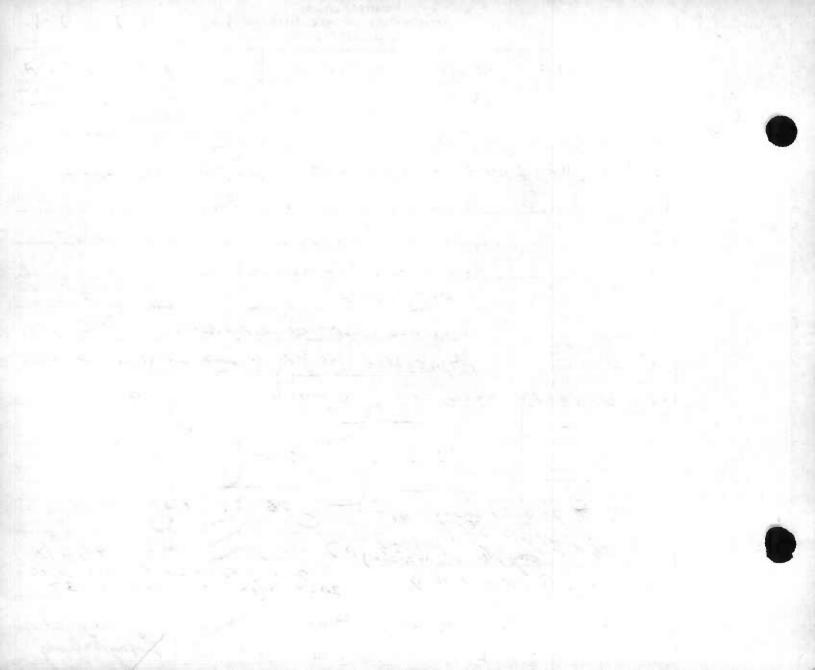
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		STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 / 6 0
		CEASED NAME PIRST		HANSON		9 1981 7
(M	1 SEX	F	4. RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOU
25		COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OR	COUNTY OF DEATH
P C	V	PREYON.	1418 ARM	SING HOME OR OTHER INSTITUTION LET AODRESS! Ref	120 USUAL OCCUPATION LINE WORK FOR MOST OF V	
and the same of th	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13670UN	13 TY OR TO	YES NO YES		ARMACOST
Q.30		WILLIS	May HA		IETT E	GIFFOR
noval.			MED FORCES? 166 SOCIAL SE	8-7908 ANN	Diekm	SA
please remove o		couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEC (c)	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	FION GIVEN IN PART I (a)
s ony injury.	ICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDINGS L N CERTIFYING CAUSES OF D
ony ony	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	200 AUTOPSY? YES NO NO NOTER NATURE OF INJURY I	IOD. IF YES, WERE FINDINGS L N CERTIFYING CAUSES OF D YESNC
ond Mental Hygiene prior ked or Item 18 shows ony	MEDICAL CERTIFICATION		21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 216 LOCATION	YES NO D	10b. IF YES, WERE FINDINGS UN CERTIFYING CAUSES OF D YES NOTED NO
hed for use as the buriol-tronsit permit. Dept. of Heolth and Mental Hygiene prior Hem 21 is marked or them 18 shows any	-	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	DAY YEAR 19 211 LOCATION STREET 19 20, and that in (my) (part) opinion DEGREE	RRED (ENTER NATURE OF INJURY I	10b. IF YES, WERE FINDINGS L N CERTIFYING CAUSES OF D YES NOT
1. of Health and Mental Hygine prior	-	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF ETHER. NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) (a) attended the deceased from 19) view the body after death.	DAY YEAR 19 21f LOCATION STREET 19 20, and that in (my) (our) opinion DEGREE ATTENDING	RRED (ENTER NATURE OF INJURY I	10b. IF YES, WERE FINDINGS L N CERTIFYING CAUSES OF D YES NOTED NO



6	FOR STATE REGIST				STATE OF A MENT OF HEALTI CERTIFICAT	AND MENT	H		REG. NO.	0 9	2	9 0
ay be age 3 death	1. DECEASED	LILLIAI		M	HARD.	Y	20	APR			981	2ь HOUR 3:31a;
reder, po	3. SEX	emale	4 RACE Whi	te	5. DATE OF BIRT	ั ^ห 5^^ 19 ั้เ		GE (IN YEAR	74) IF U	UNDER I YEAR	IF UNDER 24 HRS
M 19	7a. BIRTHPLAC	gia	76. CITIZEN OF V	WHAT COUNTRY?	MARRIED X	NEVER MARRIE DIVORCE	ED . T		CITY OR CO			M
1 58		OWN OF DEATH	SAINT	JOSEPH	G HOME OR OTH	ER INSTITUTIO	ON 12a		CUPATION OR MOST OF WOR		126. KIND O INDUSTRY	F BUSINESS OR
filled in rould be	130 STATE Maryl	ENCE (IF NURSING HOME OR 13b COUN and Balt		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Dundal	N 13d. II	NSIDE CITY LIM		STREET AD	DRESS Solle:	rs Po		
uted within	Eli	more		Sulliva	n	OTHER'S MAID Matti	DEN NAME	,	MIDDLE		Four	tain
te be execution and c lefa. Pages 31.	160. WAS DEC (YES, NO OR NO	EASED EVER IN U.S. AR UNKNOWN) (IF YES, GIV	MED FORCES? /E WAR OR DATES)	247-03-		mes O.	Hard				, MD	nt Roa . 2122 MATE INTERVAL DNSET AND DEATH
ithat the death ce and by the attending lease remove corb- ial, cremation, or r or other traumatic	Condit gove couse underly	rise ta immediate (a), stating the ying cause last.	(b)	Acute	NCE OF PUPELS	restores	ful.	ACU	mu			OPENIA
law requires s been signe ermit. Then pl e prior to burn s any injury, o	o v	Diohotes E OF OPERATION	Hele	TION FOR WHICH	I ABETE:	5 MELL	ITUS	DEASE O	PE 0 10 10 10 10 10 10 10 10 10 10 10 10 1	IF YES, W	ERE FINDIN	
3 PHYSICIAN: The litterding physicion. er this certificate has the burdi-transit per and Mental Hygiene and Mental Hygiene ked ar fem 18 shaws	00.004	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEA	ATH HOUR A.A	M. MONTH DA	Y YEAR	HOW INJURY C			XX	YES [но 🗍
DING PHYSIC or attending After this cer is as the buria alth and Ment marked ar free	9	URY OCCURRED NOT WHILE AT WORK	21e. PLACE C		211. 1	OCATION STREET		C	ITY OR TOWN		COUNTY	STATE
NTTEN spital CTOR: for us of He	sa w aba	rtify the (this haspi the deceased alive on ave(1)(we) (did) (dX %				, 19_ in]{(n)} (aur) a	pinian death	ta	in the date or	, 19_ nd haur on	and fram the o	(we) las couses stated
8 4 8 9 G 9	22b. SIG	SICIAN'S NAME LIVE O		MORTO		AN ATTEND PHYSIC	DING A	EDICAL RECTOR [STAFF PHYSICIAN		22c. DATE:	2/8/
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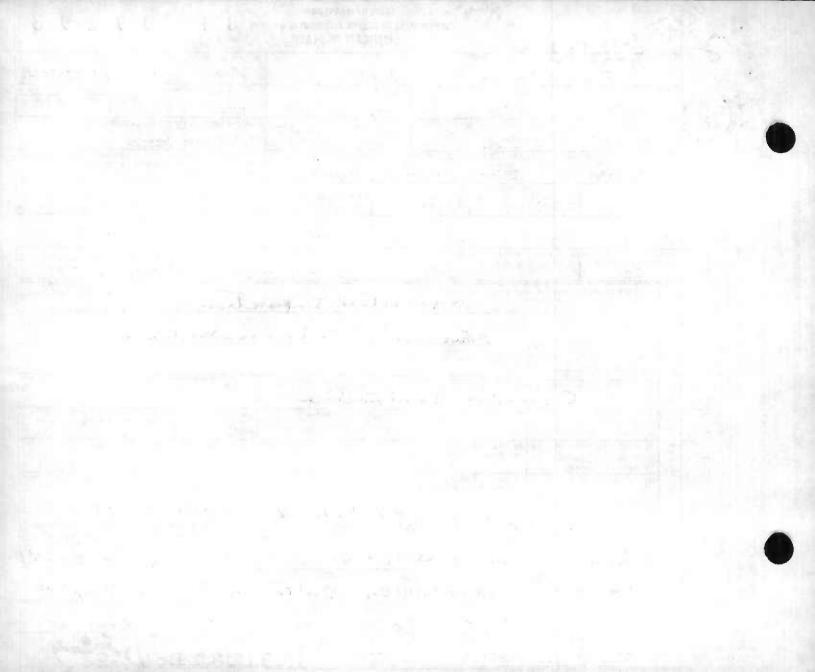


		FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	0 9 2	9 2
be of the		DECEASED NAME FIR			nkamp	20. DATE OF DEATH April 1		26 HOUR 4:30a
4 moy	N	SEX	4 RACE	MON1	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYEAR MONTHS DAYS	IF UNDER 24 H
+60 (III)	1	FEMALE	WHITE		, 11, 1903	77	YRS.	
deoth. P	A	O BIRTHPLACE (STATE OR FOREIGH COUNTRY) MARYLAND	76 CITIZEN OF WH	MARRII WIDOW	ED NEVER MARRIED	Baltimore CITY O	e County	
rs offer d by the fur filed with	8	CITY OR TOWN OF DEATH TOWS ON	St. S	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) JOSEPH HOSPI	or other institution	12ª USUAL OCCUPATI (TYPE OF WORK FOR MOST O SECRETARY	F WORKING LIFE) INDUSTRY	CO.
n 24 hour filled in hould be in the infinite be inf	5	MD. BA		e residence before admission c. CITY OR TOWN BALTIMORE	YES NO KX		IELD PLACE	21212
ampletely and 2 sh	30	4. FATHER'S NAME JOHN	WIDDLE	CONNELL	15. MOTHER'S MAIDEN NA ELIZABET	H	MURRA'	Y Y
be executed and control of s. Pages 1	1	(YES, NO OR UNKNOWN) (#	YES, GIVE WAR OR DATES)	social security no. 215-54-5444	MRS. VERNON	ADDRE F. OTTENRITT	ER 541 WYNG	21093 ATE RD.
law requires that the specific	1	PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI	ANT CONDITIONS <u>CON</u>	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART I	INGS USED
N: The language in the language has ransit per Hygiene 18 shaws	do	210. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF II	NJURY	214 HOW INJURY OCCUR	YES NO A	YES 🗌	но 🗆
SICIAN: The ng physicic certificate urial-transit tental Hygis them 18 sho	7	00.000.000.000.00	OFDEATH	MONTH DAY YEAR				
G PHY strend er this ond A ond A ked or		OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE FARM, ETC.)	2H LOCATION STREET	CITY OR TO	wn COUNTY	STATI
TTEN pital TOR: for us of He		22a.1 certify that 🕱 (this	haspital) attended the dive an April		nd that in true) (our) apinion	-		
by the horse state of the horse state of the box state of		THE SIGNATURE	Builson	h m	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		. 1, 19
TO HOSP retained to TO FUNE should be with the S		A.H.G	HILADI	, MID.	2600 0	OSLER E	r. Tows	m 21
Of Odf								
BP		230. BURIAL, CREMATION, REM- (SPECIFY) ENTOMBMENT			CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN BALTIMORE	COUNTY	MD.





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HORSENDO TE CONTRACTOR OF THE PERSONS THE PROPERTY OF THE PERSONS

The resolution of the property of the property

Say dated the contract of the same

medical examiner must be natified at once

MPORTANT: If them 21 is morked or Item 18 shows ony

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARY EALTH ANI ICATE OF	MENTAL	HYGI	ENE 8	REG. N	0	9	2	9	5
		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST			2a. DATE O	FDEATH	MONTH	DAY	YEAR	26 HO	A
			PAULI	NE	Α.	Н	EAPS					4	5	81	9:	30 m
	3. SE)	X		4 RACE		5. DATE C		YEAR		AGE (IN	YEARS LAST BIR	THDAY)	MONTH	DER I YEAR	IF UNDE	R 24 HRS
		FEMALE		WHIT	Œ		L 20,				83_	YRS.				
5		RTHPLACE (STATEOUNTRY) ENNSYLVA			WHAT COUNTRY?	MARRIE WIDOWE	D NEVE	R MARRIED DIVORCED			I MOR					MD.
6		TOWSON	DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET R BALTO	ADDRESS)				(TYPE OF WO	OCCUPAT RK FOR MOST O IAKER			b. KIND O IDUSTRY	F BUSIN	IESS OR
F	13a. S	AL RESIDENCE (# DTATE MD.	NURSING HOME OR 13b COUN BALTI	VTY	136. CITY OR TOW BALTIMOR	'N	13d. INSIDE	CITY LIMIT	S?	13e. STREET 609	ADDRESS WILTO	N RD	. 2	L 204		
7	14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDEN	MAN	\E	WIDDLE			LAS		
20		GEORGE		C.	FRIED			ANNIE			K.			DIE		
		VAS DECEASED E		MED FORCES?	16b SOCIAL SECU	IRITY NO.	17 INFORA	TMAN			ADDRE	SS				
		NO NO	(IF TES, GIV	E WAR OR DATES	212-38-4	821	LOLA	HASS	ON	609 V	VILTON	RD.	21:	204		
		Conditions, if gove rise to couse (a), s underlying c	ony, which immediate) (6)-	OR AS A CONSEQUE ADENOCA OR AS A CONSEQUE		OMA (OLON								
	NO	PART 2. OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELAT	D TO THE 1	TERMIN	NAL DISEAS	SE OR CON	DITION G	IVEN IN	PART 1(3 1	
9	CERTIFICATION	19a DATE OF OP	ERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PER	ORMED		20a AUT	NOT	IN CERT	ES, WE IFYING	RE FINDING CAUSES	OF DEA	TH?
9		21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		HOUR A	OF INJURY M. MONTH DA	AY YEAR	21c. HOW	INJURY OC	CURRE	1	- bread			OR PART 2)		
	MEDICAL	21d. INJURY OCC	CURRED OT WHILE I WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCA STRI		0.1		CITY OR TO	WN		OUNTY		STATE
	1	sow the decobove, (I) (w	ceosed alive an	41.71	be deceosed from 19 y ofter death.		10 nd that in (m	19	nion de	, to eath occurre	4/5 ed on the d	ote and ha	ur ond	from the	couses s	
		226. SIGNATURE	Jan	bson	_	8	MD	ATTENDIN PHYSICIA	IG	MEDICAL DIRECTOR	STA PHYSIC	FF X		22c. DATE 4/	5/8	
1		DR . F	S JAC				6701	GIVE	EAT	ER B	ALTO	. ME				

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

BURIAL

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME

APRIL 8,1981

6500 YORK RD.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY PARKWOOD CEM.

21212

RLES ST.

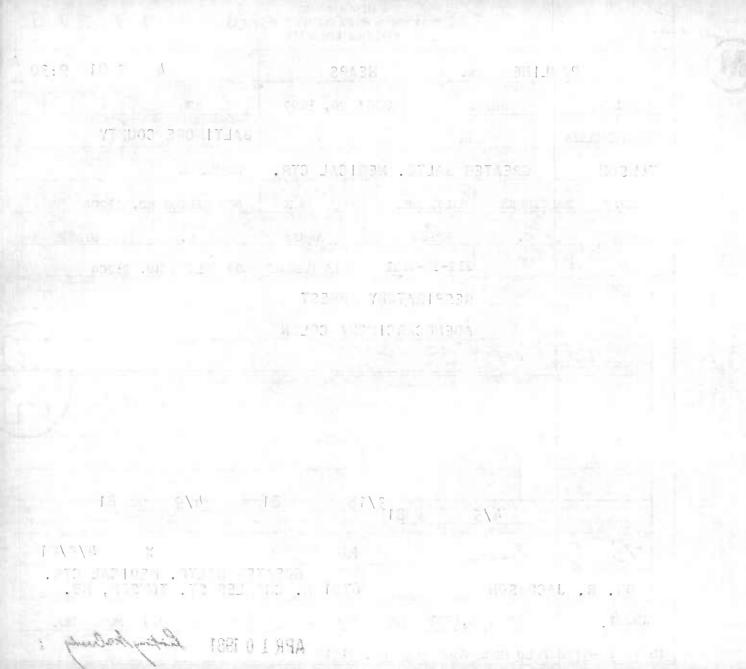
23d LOCATION
CITY OR TOWN
PARKVILLE

BALTIMORE

STATE

1981

MD.



4	1-	FOR STATE REGISTRAR			DEPARTMENT	OF HEALTH	MARYLAND HAND MENTAL H CERTIFICATE O		O REG. NO.	9	2 9	6
Y IS NECESSARY, PLEASE THE ALD DIRECTOR. YOUR FILES. THE STATE HOUSE THE STATE		EASED NAME	FIRST		MIDDLE	1	LAST	20 DATE OF	KNOWN X	MONTH	DAY YEAR	26 HOUR
EJ.	2 2 5 1		WILLIA		٧.		NPS, JR.	DEATH	MATED [4 MONTH	15 19 81	M
2	3. SEX		ITE F	eb. 22	, 1953	JIN YEARS IF UN BIRTHDAY) MONT 28/RS.		MIN PRONOL DEA	INCED	4	15 19 81	2d. HOUR 4:39 a M
2	F	lary land		U	SA	WIDOV		ED 🗶 Bal	timore (Count	У	MD.
6		OWSON		(IF NOT IN SUCH FA	Balto. M	RESS)	renter(DOA	for MOST OF WO	JPATION (TYPE (DRKING LIFE) Enter		16. KIND OF BI Homepust Constr	TRY
5	USUA 13a. S	L RESIDENCE (IF IN NUR	SING HOME OR	THER INSTITUTION, GI	13. CITY OR TO	DMISSIONI	13d INSIDE CITY LIMITS?	13. STREET ADDI	nd Ros		70.110.01	n
C	14. FA	William	Virg	il Hea	os, Sr.		15 MOTHER'S MAIDE	M. Mat	thews		LAST	
1	16a. V	AS DECEASED EVER	N U.S. ARME! (IF YES, GIVE WAI		217-60		Marie M.	Heaps,	2422 Farkto	Bond on.	Rd.	120
I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if a gove rise to couse (a) stating lying couse last. PART 2 OTHER SIGNIFICANT	ny, which immediate the <u>under</u> -	(b)DUE TO, OR	AS A CONSEQUE AS A CONSEQUE BUT NOT RELATED TO TH	NCE OF	SE OR CONDITION GIVEN IN PA	RT 1 (0)				
1	CERTIFICATION	19s. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION W	VAS PERFORMED?				20 AUTOPSY	
3	MEDICAL CERTI	21a EXTERNAL CAUS UNDERLYING SCONTRIBUTING CONTRIBUTION COURR 21d. INJURY OCCURR WHILE NOT V	AUSE OF DEA	ATH P.M	A. MONTH DAY A. 4-15- OF INJURY (ATHO TORY, FARM, ETC.)	YEAR 981 SU	OW INJURY OCCURRED LA JOE STREET DE LA SE	bed.	OWN	COUN	MIA	NO []
				of the remains de:	Accident .	Mic	Hamicide ,	Undetermined r		Bal in my apir	nion	Md.
BALTIMORE, MARYLAND,		EXAMINER'S NAME (TYPE OR PRINT)	An		on, M.D.		AD Assistan ADDRESS 111	Penn St.	MINER	DATE SIGNED	4-15-	-81
(eti		irial, cremation, ri Burial	MOVAL A23b	1901	Norr	isvill	e Cemeter		Hall,		•	Md.
5))	8	Lai	tenste	an ADD	econd arew Free	t Fran	klin APR	REC'D. BY REGISTR	AR 25b. REGIS	TRAR'S SK	GNATURE	,

18 6-95 .SS .det The Part Bult gors Burkley Alltan Wargil Lagra, Sr. Since h. I mile h. I mile 217-60-4031 Earle M. hoans Pariton, Md. 21120

ADDITION TO THE RESIDENCE OF THE PARTY OF THE PARTY OF THE PARTY.

18.6% - 18.4 (4.5)

7		1 - FOR STATE REGISTRAR		DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	REG. N	0	9	2	9	1
SA.		1. DECEASED NAME	FIRST	WIDDLE	LAST	2a DATE	OF DÉ ATH	MONTH	DAY	YEAR	2b. HO	UR
6 2		(TIPE OK PRINT)	Lillian	n S.	Hedrick			4	24	81	10:	30
1	14	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS LAST B	RTHDAY)	IF UNE	DER ! YEAR	IF UNDE	
octoo m. ah		FEMALE		WHITE	MONTH DAY YEAR 2 19 01	8	30	YRS.	MONTH	S DAYS	HOURS	^
ol all	buce.	7a BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED		ORE CITY	_		EATH		

	J. JL/	`	T. NACL		MONTH	DAY	YEAR	I AUE (III IEAN.	chai diminoni)	MONTHS DAY	S HOURS	MIN
	F	EMALE	WHITE		2	19	0.1.	-80	YRS.			
1 4		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	. I NEVE	R MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH		
01	· ·	NEW JERSEY	USA		WIDOWE		DIVORCED []	Baltimo	re Count	ty		A
5/0		TY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSIN FACILITY, GIVE STREET	IG HOME O	R OTHER IN	21204		CUPATION R MOST OF WORKING TEACHER		OF BUSINE	SS C
180	MSU/	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, G									
31	13a. S	MD 136 COU	VTY I	BAL TO	N	134 INSIDE	CITY LIMITS?	13e STREET ADD	INGSTO	N RD 2	1212	
30	14. FA	THER'S NAME FIRST JOSEPH	WIDDLE	HARBOU	2	15 MOTHE	FIRST JESSIE	MĒ	IDDLE		LAST	
	16a. V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	16h SOCIAL SECU		17. INFORA			ADDRESS		21.20	21
1	()	res. no or unknown) (IF yes, GI	/E WAR OR DATES)	214 40	5210	R. 1	AYLOR M	cLEAN 10	2 W. PEN		2120 NIA AV	Æ.
		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	TE CAUSE (o) R DUE TO, OR (b) A DUE TO, OR (c) C	AS A CONSEQUE Spiratio AS A CONSEQUE VA	n Pne	umonia		INAL DISEASE O	r condition g	IVEN IN PART	lía	1
9	ERTIFICATION	19a Date of Operation	19b. CONDIT	ION FOR WHICH	OPERATION	N WAS PERI	ORMED	200 AUTOPS YES \(\bigcap \) N	IN CERT	ES, WERE FIND IFYING CAUSI YES		H?
9	0	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	KIN .	. MONTH DA	YEAR	21c. HOW	INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCA STRI		c	ITY OR TOWN	COUNTY	51	TATE
		22a I certify that (I) (this hasp sow the deceased olive or obove, (I) (we) (did) (did no	-4/2	19_	4/17 81 , on	d that in (m	y) (<u>our)</u> opinion (, ta death accurred o	4/24 n the date and ho	_, 19 <u>81</u> our and fram th	_, that (I) (v he couses sta	
		22b. SIGNATURE			Ţ	DEGREE				22c. DA	TE SIGNED	
		R. Dayi	Im-		M	0	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN (X)	4/2	24/81	

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

6701 N. Charles St.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR 6500 YORK RD. 21212 MITCHELL-WIEDEFELD HOME

APRIL 29,81

23b. DATE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. Jacobson

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

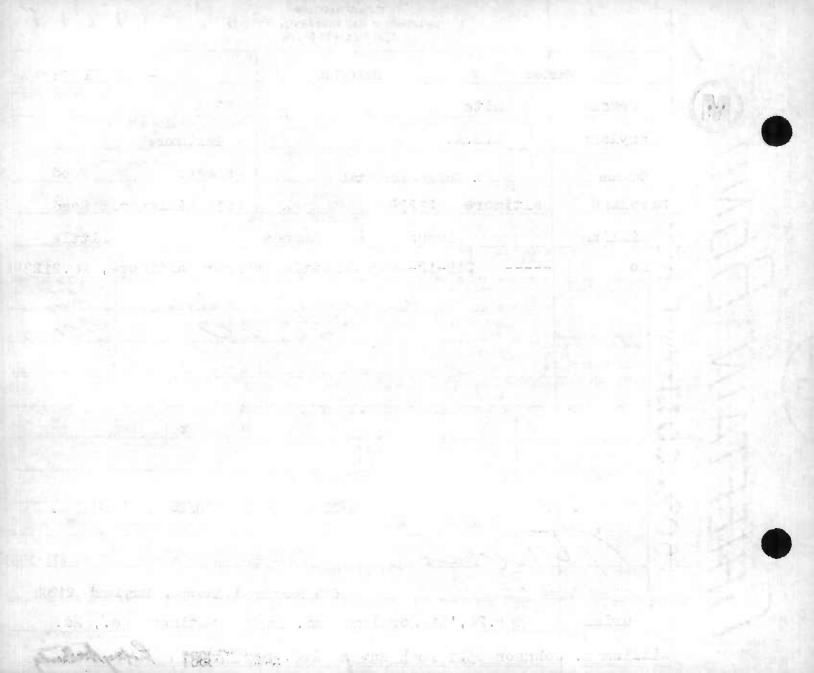
23d. LOCATION CITY OR TOWN COUNTY POPLAR GROVE METH. COCKEYSVILLE BALTIMORE MD DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Baltimore, MD. 21204

STATE

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altimole County				
		923 Tyru 100		
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	4-2-1			
in the same of the	de Din Vine	217 00 3840		
			Marie 1	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST



Ĺ	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	19300
	CEASED NAME FIRST Antine	t Marie H	leppding	April 18,	
3. SE	× Female	4 RACE White	5. DATE OF BIRTH Nov. 21,1908	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 H MONTHS DAYS HOURS M
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		8. MARRIED NEVER MARRIED ! WIDOWED DIVORCED [Baltimor	e County
(Wings Mills	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL 616 Hammershi	re Road	(TYPE OF WORK FOR MOST OF WORK Housewife	ING LIFE) 126. KIND OF BUSINESS INDUSTRY
13a :	Md. Bal	ROTHER INSTITUTION GIVE RESIDENCE BEFORE A NTY 131. CITY OR TOWN Owings Mi	115 YES NO Z	616 Hammer	shire Road
14. FA	ATHER'S NAME Haryy	Rebstock Rebstock	15. MOTHER'S MAIDEN	WIDDIE	Reinke
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 166. SOCIAL SECUR VE WAR OR DATES) 214-30-53		616 Hammersh: rd Owings Mills	
	4293 Conditions, if ony, which	nly one couse per line for (a), (b), and ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUEN			APPROXIMATE INTERVAL BETWEEN OMSET AND DEA
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN	NCE OF	RMINAL DISEASE OR CONDITION	
IIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	NCE OF NCE OF EATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 20b. IN C	N GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH CO 11b. TIME OF INJURY HOUR A.M. MONTH DAY	NCE OF NCE OF EATH BUT NOT RELATED TO THE TE DPERATION WAS PERFORMED 21c. HOW INJURY OCC	200 AUTOPSY? 20b. I	N GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING COCCONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH CO 11b. TIME OF INJURY HOUR A.M. MONTH DAY	NCE OF EATH BUT NOT RELATED TO THE TE DPERATION WAS PERFORMED Y YEAR 19 216. HOW INJURY OCC 216. LOCATION	200 AUTOPSY? 20b. IN C	N GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO MAIN PART I OR PART 2)
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE OT WHILE AT WORK 22a.I certify that (1) (this hosp saw the deceased alive or	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH CO 19b. CONDITION FOR WHICH CO 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR (ital) ottended the deceosed from	NCE OF EATH BUT NOT RELATED TO THE TE DPERATION WAS PERFORMED Y YEAR 19 216. HOW INJURY OCC STREET 19 216. LOCATION STREET	YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE NO TO THE PART 1 OR PART 2)

DHMH-16 30M 2/80 (VRA 15, 4)

Owings MTTls, Md.

Cemetery Marriottsville, Howard, Mc

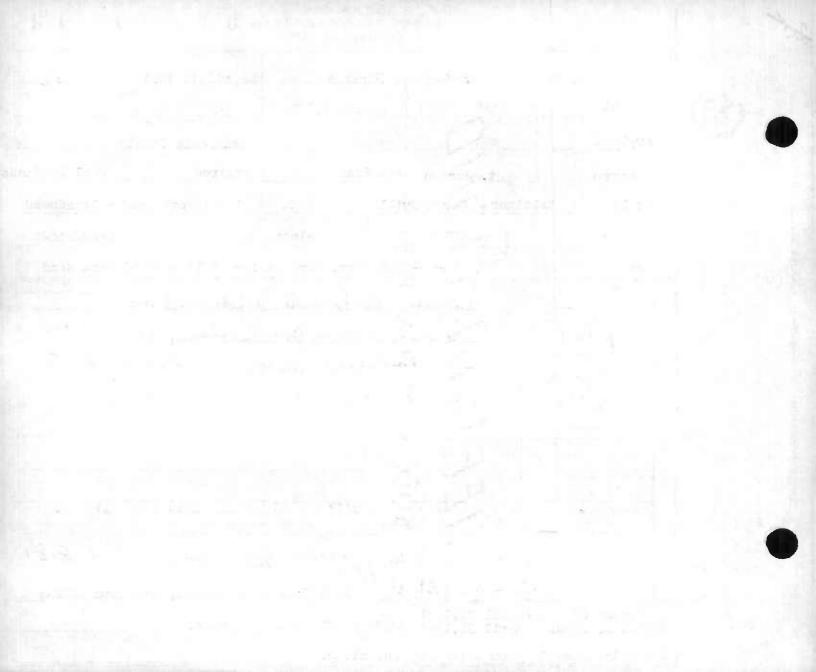
nd. The trail State of the Land State of the The first that the second seco

5	l	for - STATE REGISTRAR	- / 00	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	0 9 3 0
oe ooth		PECE ASED NAME FIRST YPE OR PRINT) J(OSEPH L.	HESS	April 6,	
Poge 4 may	200	Male	4 RACE	5. DATE OF BIRTH MONTH 18-17909 YEAR	6 AGE (IN YEARS LAST BIR	YRS.
deoth. Po	4	BIRTHPLACE (STATE OR FOREIGN COUBART)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED M	Baltimore city o	e County of DEATH
s offer of	7	Rossville	Franklin Squa	ng home or other institution the hospital	126 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF RELIAND	
filled in nould be	S 130	UAL RESIDENCE (IF NURSING HOME)	É OR OTHER INSTITUTION, GIVE RESIDÊNCE BÉFOR DUNTY 130, GTY 98, TOV	RE ADMISSION) VN 13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	Belair Road
mpletely ond 2 sl	0	FATHER'S NAME FUNDS PARTY F.	Hess LAST	15 MOTHER'S MAIDEN NA	ME	
Poges 1	2 160	WAS DECEASED EVER IN U.S. (YES ADDRUNKNOWN) (IF YES.	ARMED FORCES? 16b SOCIAL SECTION (16b SOCIAL SECTION)	WRITY NO. 17 INFORMANT 8229 Mrs. Mrgare	et T. Humphy	efus ess iies-1559 Stonewo
signed the hen plea: o buriel, lury, or a	NOI			DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0) 1206. IF YES, WERE FINDINGS USE
law req		190, DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AOTOFST:	IN CERTIFYING CAUSES OF DEAT
he lo ion. t per iene	AL CERTIFICATION		DEATH HOUR A.M. MONTH D	DAY YEAR 216 HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF DEAT
HYSICIAN: The le nding physician. his certificate has buriol-tronsit per barnel Hygienel or Item 18 shows	MEDICAL CERTIFICAT	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH D	DAY YEAR 19 211. LOCATION	YES NO	IN CERTIFYING CAUSES OF DEAT YES NO [RY IN ITEM (8 PART) OR PART 2]
SICIAN: The long physician. certificate has riiol-transit per ental Hygiene leem 18 shows		OR CONTRIBUTING CAUSE OF (IF EITHER NOTHEY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this ho saw the deceased olive	DEATH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PAR YEAR 19 211. LOCATION SIREET NOVEMBER 15, 980 81, ond that in (1) (our) opinion	YES NO RED (ENTER NATURE OF INJUIL CITY OR TO	IN CERTIFYING CAUSES OF DEAT YES NO RY IN ITEM (8 PART 1 OR PART 2) WN COUNTY S te and haur and from the causes stee
DR ATTENDING PHYSICIAN: The knowledge of the physician. SIRECTOR: After this certificate has ched for use as the buriol-transit person. Signification of Mental Hygiene in the 21 is marked or them 18 shows		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 22d. I certify that ((this ho saw the deceased olive abave. ((we) (did) (did) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Dispital) attended the deceased from April 6 19 Charly view the bady after death. PE OR PRINT)	PARM. ETC.) 216. HOW INJURY OCCUR! 19 216. LOCATION STREET NOVEMBER 1519 80 81, and that in (1) (our) opinion DEGREE	YES NO RED (ENTER NATURE OF INJUIL CITY OR TO	IN CERTIFYING CAUSES OF DEAT YES NO RY IN ITEM (8 PART 1 OR PART 2) WN COUNTY S ate and haur and from the couses sto 22c. DATE SIGNED
HYSICIAN: The le nding physician. his certificate has buriol-tronsit per barnel Hygienel or Item 18 shows	MEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 22d. I certify that ((this ho saw the deceased olive abave. ((we) (did) (did) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Pospital) attended the deceased from April 6 Post in the bady after death. PE OR PRINT) HAMORRO	PARY YEAR 19 211. LOCATION STREET NOVEMBER 15,9 80 81, and that in (M) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF INJUIT CITY OR TO to APTI deoth accurred on the do MEDICAL STAF DIRECTOR PHYSIC	IN CERTIFYING CAUSES OF DEAT YES NO RY IN ITEM (8 PART 1 OR PART 2) WN COUNTY S ate and haur and from the couses sto 22c. DATE SIGNED

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Ø	11-	STATE REGISTRAR			TH AND MENTAL HY	DEATH	1930	3
6	1. DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE KNOWN		R Zb_HOUR
% & & & E	(TYP	E OR PRINT) RAYMON	M. QY	HI	CKS	OF ESTI-	4-20198	26 HOUR
PLEA FILE TREE	3. SEX	4. RACE	S. DATE OF BIRTH		UNDER 1 YR. IF UNDER 2		MONTH DAY YE	AR 24 HOUR
ON S		MW	Aug 4 1914	64 YRS.	NTHS OAYS HOURS	MIN. PRONOUNCED DEAD	4-20 198	1 7.43 1 A.M
W LESS ALESS	7a. BI	RTHPLACE (STATE OF REIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? 8. MA	RRIED X NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY OF DEATH	THE R.
A STAN OF THE STAN	10.6	N. CARBINA	USH		OWED DIVORCE		c Lo	MD.
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BALTIMORE, MD. 21200 S. AFTER DEATH. IF ANY DIGINE PAGES 1, 2, AND 3 TITH FORM M3. RETAIL PAGES 1 AND 2 SHOULD VISION OF VITAIRECOR	13a S	AL RESIDENCE (IF IN NURSING HOME OF TATE 13b. COS)		NCE BEFORE ADVISSION)	YES NO X	130 STREET SDORESS	DLANE	
	14. F/	THER'S NAME	Alabie 1	LAST	15 MOTHER'S MAIDEN	NAME MIDOLE	LAST	
DEATH. GES 1, 2 M PM 3	14- >	JAMES IX.	MILKS	OCH CECURITY NO	PORSSIE	Mª DEATHRI	USÉ	
ST., BALTIMORE OURS AFTER DEA 18. GIVE PAGES 3. WITH FORM F AIT. PAGES I AN E. DIVISION OF	100 4	VAS DECEASED EVER IN U.S. ARI	MEDITORCES?	3~13~51クケ	17. INFORMANT	Ris ARUS	5.	
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PRESTON ST., B. ITHIN 24 HOURS CIL IN ITEM 18. G RER ALONG WITEM ALTYGERE, DIN REMOVAL.		PARTIDEATH WAS CAUSED	DBY:	10, and 1	lyo cir	dial may	SETWEEN OF	NSET AND DEATH
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RDS, 201 V EXECUTED NG". IN PR CAL EXAM BURIAL- 1 AND MEI WATION, C			(c)					
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. E. 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGES 1 AND: 20 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT R	ELATEO TO THE TERMINAL OISE	ASE OR CONDITION GIVEN IN PART	1 0		
MECALI CRE	CERTIFICATION	19a DATE OF OPERATION	Tigh CONDITION FO	OR WHICH OPERATION	WAS PERFORMED?		20 AUTOP	CV2
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ON OF STATE WATTAKEN ARTINES		UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONT	TH DAY YEAR				
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ATE, ORW, PREST ATE, AD, 2		22a. I certify that I took chorg	ge of the remains described o	ibave, held on Auto	apsy . Inspection	Inquiry X, a	ind in my apinian	
EXAMINER: CERTIFICATE UID BE FOR OIRECTOR: WARYLAND,		deoth resulted from: Natur	rol couses . Accider	nt Suicide	, Homicide .	Undetermined manner .	,	,
WAR WAR		ACTUAL LONG	11 (/		TITLE (SPECIFY)	9	4/2	2/07
SHE SHOW		SIGNATURE	the xxx		M.D. Acgine	MEDICAL EXAMINER	SIGNED 7	101
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		EXAMINER'S NAME K	S. AHLL	IWAL!	9 ADDRESS 2112	Dundal	k Do Ba	9/2/22
Bb Bb	23c.B	UNIAL, CREMATION, REMOVAL 2	4-24-81 2	NAME OF CEMETERY	OR CREMATORY	HAR KUNYE	LO COUNTY TO	STATE
DHMH - 17	24 F	JNERAL DIRECTOR	Ai prince(21)	115 8.	25a. DATE RE	C'D. BY REGISTRAR	ISTRAR'S SIGNATURE	
(VR A15 ME (5)) 15M 2/80	t	VANS TUNERRY L	THUBEL 88001	Vactory No	APR 2	9 1981	the same of the same	2

Leonard J Ruck Inc. Baltimore, Maruland

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en must be notified

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should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTII	FICATE OF DEATH	REC	9. NO.		
		CEASED NAME OR PRINT)	John		MIDDLE 1ter	Hili	nski Jr	20 DATE OF DEAT April 4	Н момтн	DAY YEAR	2b. HOUR
	3 SE	Male		4 RACE Whit	e	5. DATE (DF BIRTH 7 2, 1926	6 AGE (IN YEARS LAS	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATE OF COUNTRY) aryland	OR FOREIGN	76 CITIZEN OF $U.S.$	WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CIT Baltim		TY OF DEATH	MD.
Ĉ		ty or town of d Parkville		7400	Old Harfo	rd Ro	or other institution	120 USUAL OCCUP (TYPE OF WORK FOR MO C.P.A.		126 KIND C INDUSTRY	OF BUSINESS OR
6	13a S Ma	aryland	NUL COUL	ROTHER INSTITUTION NTY IMORE	I3c. CITY OR TOWN Parkvil	N	13d Inside City Limits? Yes \(\) NO \(\frac{\mathbf{K}}{2} \)	130 STREET ADDRE	ss d Harf	ord Rd	
32		John			Hilinski		15. MOTHER'S MAIDEN NA/ Veronica	MIDDI	Gra.	bowski ^{las}	57
		VAS DECEASED EVE (ES NO OR UNKNOWN) NO		MED FORCES? VE WAR OR DATES)	216-20-2		Mrs Mary Su		DRESS S	ame	L V
		PARTI DEATH 410 0 Canditians, if ar gave rise to it cause (a), sta underlying cau	IMMEDIA' my, which mmediate ting the ise last.	DUE TO, O (b) DUE TO, O (c)	r as a conseque	NCE Of	Myscardial	infancti	bn		minto.
2	CERTIFICATION	19a DATE OF OPER		0000	ell lung ca	ncer	NOT RELATED TO THE TERM	200 AUTOPSY?	20b, IF Y	ES, WERE FINDING	NGS USED
1	MEDICAL CER	210. ACCIDENT WAS U OR CONTRIBUTING [{IF EITHER NOTIFY ME 216 INJURY OCCU	CAUSE OF DE	P. P. 21e PLACE	M, MONTH DA M. OFINJURY	19	211. LOCATION	ED (ENTER NATURE OF		- Land	STATE
	W	22a I certify that saw the dece	ased alive on	tal) attended th	0 19	N.	nd that in (my) (our opinion of		1-4	. 19_8/	that 1) (ost
		22b. SIGNATURE	San	I LL			DEGREE ATTENDING PHYSICIAN	MEDICAL S		THE DATE	
		22d. PHYSICIAN'S I		ng M.D.	1		5607 Took Ba	110n P73	Do 7+:	mana H	2017200
7		URIAL, CREMATION			23¢ N	AME OF C	5601 Loch Ra	23d. LOCATION	Baitl	more, Ma	aryrand

BP. DHMH - 16 50M 1/B1 (VRA 15, 4) Burial
24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

April 7,1981 Parkwood

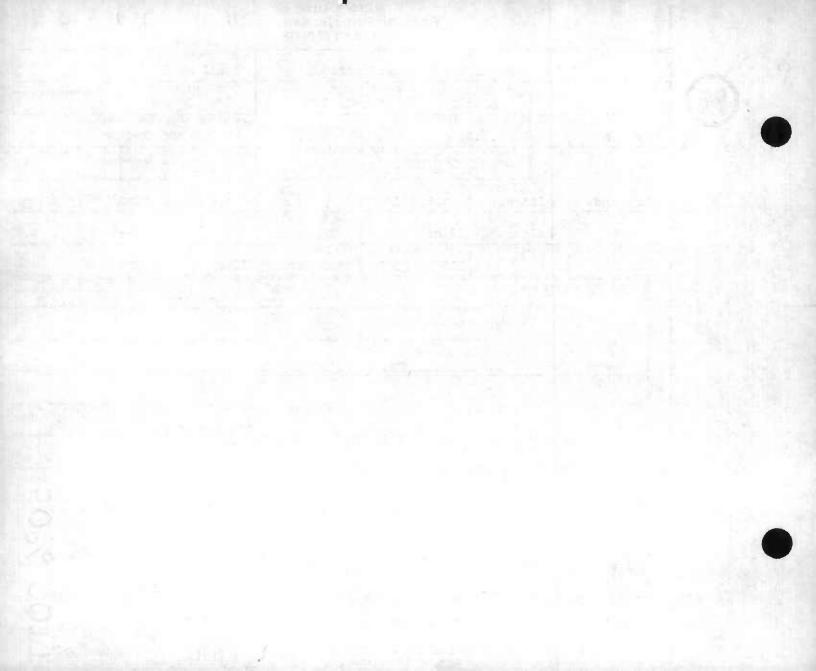
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25a. DATE REC

Baltimore

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md.



611		500			MARYLAND	i cha	0 3 0 6
0	1-	FOR STATE		DEPARTMENT OF HEAL			, 0 0 0
	1 DE	REGISTRAR CEASED NAME FIRST		DICAL EXAMINER'S	LAST LAST		/
I		PE OR PRINT)				DE DEATH MATED	1
	2 66	WAL.		V.		17.	4 29 1981 65 MONTH DAY YEAR 24 4
Ī	3. SEX		5. DATE OF BIRTH		UNDER 1 YR. IF UNDER 2	MIN PRONOUNCED	- 1
1		ALE WHITE	02 20	18 63 YRS.		DEAD	4 291981 6=
Л		IRTHPLACE (STATE OR DREIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED . 9. BALTIMORE CITY C			
1		EW YORK	U.S.	U.S.A. WIDOWED DIVORCED DIVORCED IN A 17			
	10. CI	IT OR IOWN OF DEATH	(IF NOT IN SUCH FAI	CILITY, GIVE STREET ADDRESS)	THER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	OR INDUSTRY
4		ANDALLSTOWN AL RESIDENCE (IF IN NURSING HO		RE COUNTY GENE	RAL HOSPITAL	SUPERVISOR	DISTILLERY
1	13a. S	TATE 113b. CC	YTAUC	13c CITY OR TOWN		13e STREET ADDRESS	2012 21227
1			LTIMORE	ARBUTUS	YES NO K	5825 OAKLAND R	ROAD, 21227
9	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	MIDDLE	LAST
5		WALTER	٧.	HINTON	MARY	E.	STODDARD
	16a. V		ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
			WW II	126-12-8576	FANNYE HIN	TON 5825 OAKLAND	
-		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	r anly ane cause per line	for(a), (b) gnd (c).))		BETWEEN ONSET AND D
			DIATE CAUSE (a)	43601			YEARS
		4029		AS A CONSEQUENCE OF	0 1		11
		Canditions, if any, wh gave rise to immedi	iate (b)	+4666250	NSION		42ARS
		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF					
1			(c)				1
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).					
7	TIOI	19a. DATE OF OPERATION	Link CONTRIC	ION FOR WHICH OPERATION	LWAS DEDECORNEDA		To a sure
1	CERTIFICATION	176. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
23 SHOULD BE USED DEPARTMENT OF HEA PRIOR TO BURIAL, CRE	RTI	21a EXTERNAL CAUSE WAS	21b. TIME OF	INILIDY In.	HOW INTURY OCCUPAGE	SALVER ALL VIDE OF BUILDING ALCOHOL	YES NO
3		UNDERLYING OR	HOUR A.M	MONTH DAY YEAR	NOW INJURY OCCURRED) LENTER NATURE OF INJURY IN ITEM 18 PART	I I OK PART 2)
SHOULD PARTMEN OR TO BU	MEDICAL	CONTRIBUTING CAUSE (DE INJURY (AT HOME, 1211.	LOCATION		
	MEC	WHILE AT WORK AT WORK	STREET, FACT	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY ST
1		AT WORK AT WORK	<u> </u>				
		22a. I certify that I took charge of the remains described abave, held an Autapsy . Inspection . Inquiry . Inquiry . and in my apinion					
		death resulted from Natural causes . Accident . , Suicide . Hamicide . Undetermined manner .					
		SALULIA, A STATE (SPECIFY)					
		SIGNATURE MEDICAL EXAMINER DATE 4/29/F)					
2	1	EXAMINER'S NAME & D. 65.11: 12 p. 5.					
		(TYPE OR PRINT)	- WILL	17 MSON	ADDRESS_595	D134410NA	T'L MKe
	23a.B	URIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		CREMATION	05-04-81	LOUDON F		BALTIMORE CITY	
	24. F	UNERAL DIRECTOR	ADDRESS	2122	9		RAR'S SIGNATURE
GO A AFTER DEATH, W	24. F	UNERAL DIRECTOR	ADDRESS		9 25a. DATE RE	BALTIMORE CITY EC'D. BY REGISTRAR 256. REGISTR	Y MA

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8	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	L HYGIEN	REG. NO.	0 '	9 3	0 7
		CEASED NAME FIRST		MIDDLE	L	AST	20	DATE OF DEATH MO	NIH DA	Y YEAR	2b. HOUR
	1000	NOF	MAN JO	SEPH	HO	FFMAN		4	21	181	4:10A
	1.58	X	4. RACE		5. DATE C			AGE (IN YEARS LAST BIRTHD	AY) IF	UNDER I YEAR	IF UNDER 24 HRS
1	1	MALE	Wh	nite	Jul			57	YRS.	INTHS DATS	HOURS MIN.
11/	Fa. B	ATHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9.1	BALTIMORE CITY OR		FDEATH	
55		Maryland	L	JSA	WIDOWE			BALTIMORE	COU	NTY	MD.
Portion (0. C	TOWSON	11. NAME OF	HOSPITAL, NURSIN	IG HOME C ADDRESS) CHA	ROTHER INSTITUTION	N 120	Bartender	ORKING LIFE)	INDUSTRY	t Club
PSS be	130. 3	ALRESIDENCE (IF NURSINGHOME STATE 136 COI laryland Ba	or other institution UNITY ltimore	136. CITY OR TOW Middle	N	134 INSIDE CITY LIMI YES NO	ITS? 13e	STREET ADDRESS 811 Wilsor	n Poi	int Ro	ad
aine on a	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	WIDDLE		LAS1	
\$30		John	1110000	Hoffmai	1	Marie	9			Ende	
loo 1		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		E L	
media	L.	No No	SIVE WAR OR DAIES!	217 18	0178	Mrs. Op	oal G	. Hoffman	, Ba		
t, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe	er line far (o), (b), an	d (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH
event,			SED BY: ATE CAUSE (o)	PNEUMO	NIA					2	DAYS
other troumatic		Conditions, if any, which	DUE TO, (RECURR	ENT L	UNG CANC	ER			3	YEARS
other tr	Ä,	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	COPD	NCE OF					10	YEARS
me prior to buriol, ws any injury, or o	CERTIFICATION	PART 2. OTHER SIGNIFICAN				NOT RELATED TO THE		20a AUTOPSY? [2	b. IF YES, Y	WERE FINDIN ING CAUSES	4GS USED
d or Hem 18 shows	ER	21a. ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY O		(ENTER NATURE OF INJURY IN			140
Hem 18		OR CONTRIBUTING CAUSE OF	EAIN	.M. MONTH D							
ked or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMP 2 Id. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	P.M. FOF INJURY TREET, FACTORY OFFICE, F	ARM, ETC)	21f LOCATION STREET		CITY OF LOWN		COUNTY	STATE
21 is mai		220 I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	311		81	d that in (my) (<u>aur)</u> op	81 pinion dea	th occurred on the date	and hour c		that (1) (<u>we)</u> lost couses stated
IMPORTANT: If them		22b. SIGNATURE	D 9	Juan	0	DEGREE ATTENDI PHYSICI	ING A	MEDICAL STAFF	√ (X)	22c DATE :	21/81
MPORTANT		JOHN GAARE				GBMC-6	701	N. CHARLE	S ST	•	
≤		Burial, CREMATION, REMOVA SPECIFY) Burial	4/23	8/81 F	Holy F	emetery or cremat Redeemer		23d LOCATION CITY OF TOWN Balto.,	0.	COUNTY	Nd dy
2/80		UNERAL DIRECTOR Heni NAME 1905 York Ro		to., Md.	21:	212 I	APR 2	CD. BY REGISTRAR 25h	1244	MIN SIGNATI	ÜRE

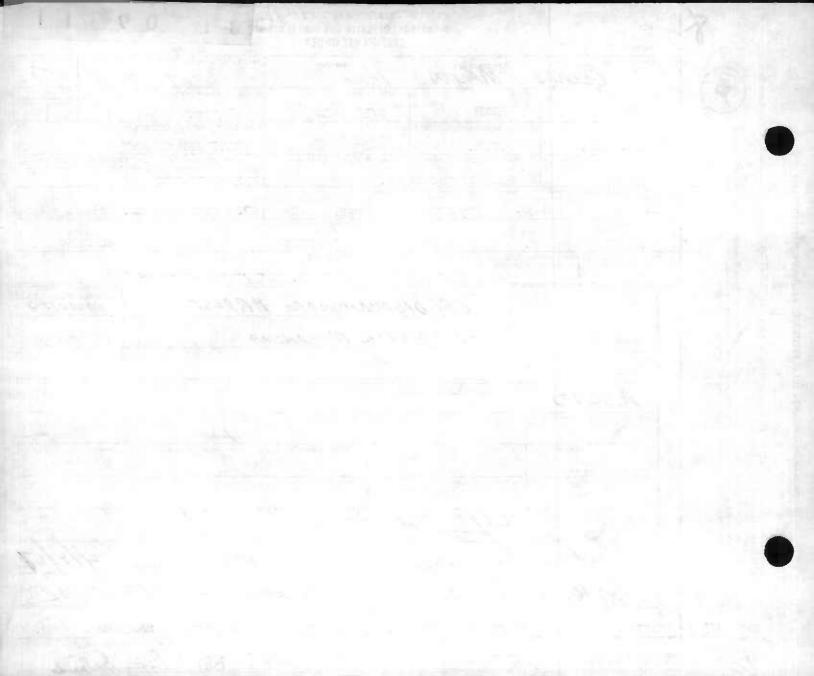
t, Lo sin Macy Unityary TE SON LIBNO-67 N. OH TEES NT. Barbander Inight Club Ward and Baltimore Mir le Rivar x 1811 Wilson Point Fold Hoffman Marie rrich 217 14 6178 Mrs. Coal G. Hoffman, Bairo., Main /28/81 Holy Reder or Earloss, feilu Henry W. Unkins & Sons Co. LARGE York Foad Falto., Md. 21212 APR L MAT

A STATE OF THE STA

	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.
3 21	1 DE	CEASED NAME (PR FIRST OR PRINT)	1AN LESTICARL Lesting (Holman) 20 Date OF DEATH MONTH DAY YEAR 20 HOUR
once.	3. SE	Male	A RACE White S DATE OF BIRTH AND YEAR 14 66 YRS WONTH DAYS HOURS MIR
) I I I I I I I I I I I I I I I I I I I		ountry) Md.	MARRIED NEVER MARRIED BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE
Ourselfer me	R	and all stow	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BALLO COUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) BALLO CO. HOSPITAL 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 129. KIND OF BUSINESS (INDUSTRY BALLO COUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUSINESS (INDUSTRY BALLO COUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUSINESS (INDUSTRY BALLO COUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUSINESS (INDUSTRY BALLO COUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUSINESS (INDUSTRY BALLO COUPATION (TYPE OF WORK FOR MOST OF WORK ING. LIFE)
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		William	HOLE HOLE SALIE MODIE SALIE MIDDLE MIDDLE
ien and o	160	VAS DECEASED EVER IN U.S. ARM VES, NO O'UNKNOWN) (IF YES, GIVE W	WAR CARDATES) 212 03 9599 Virginia Holman - Sykesville, Md
n certificat ng physicii on papers. r removal.		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE	BY MOG Statis Co.
that the death by the attending remove carbo i, cremation, or		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
w require: en signed Then plea: r to buria ny injury	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CIAN: The law cian. idicate has bee nist permit. TI Hygiene prior m 18 shows an	CERTIFICATION	190 DATE OF OPERATION 2.23.81	EMOTO CYSTE ASTNA; THE TOWN THE WEST NOW THE NOW YES NO YES NO YES NO NO
Physical sphysical sphysic		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
DING ttendir After s the bi th and marke	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR UNITED TO THE DIRECTOR DIRECTO		220 certify that (I) (this hospital saw the deceased alive an above. (I) (we) (did) (did not) 22b. SIGNATURE) view the body after death. DEGREE 19 and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 121. DATE SIGNED
TO HOSPITAL TO FUNERAL Hould be detac with the State I		228 PHYSICIAN'S NAME (1796 ORP	PRINT) A RAD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D A RAD PRINTING MEDICAL STAFF PHYSICIAN D ACTIMORE COUNTY GNL HOSF
Bb TO Feel and With HOT MIND MIND MIND MIND MIND MIND MIND MIND		SURIAL, CREMATION, REMOVAL	23h. DATE 13h. NAME OF CEMETERY OF CREMATORY 23d. LOCATION CHYDRAGON STATE 4-4-81 Springfuld Cenatry Lylipville Chiral Mid
DHMH-16 25M (VRA 15, 4) 1/79	19	INERAL DIRECTOR	DD 0 1001

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Total Calculator MA PARTER LAUTE, AND LAUTE . The METABLE ! AND THE RESERVE OF THE PARTY OF 1.25.4. 186°C 3°9°S 5.10° ... 11-11 . H. J. CHET . TO LALE D. S. IV. how out the stand



Besigning D. Forest . T. Toron Toron

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	1			STATE OF MARYLAND		0 7 1 2
	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	YGIENES 1	9 3 1 3
	Ι'.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DE	CEASED NAME FIRST	WIDOFE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE	OR PRINT)	0	May18	,/	
		HMEL		190V/3	7 -	30-013 PM
6 10	3. SE	(4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	#F UNDER 1 YEAR IF UNDER 24 HRS
		FEMALE	CAU.	3-7-1896	85 YRS	
0.5		RTHPLACE (STATE OF FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
355		MD.	USA	WIDOWED DIVORCED		COUNTY MD.
	10 C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
10 July 10	1	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
e ne			OTHER INSTITUTION, GIVE RESIDENCE BEFOR	NURSING HOME	HSWE	
376	130.	TATE 136 COUN	TY 13c CITY OR TOV			
\$100		MD	ALTO TOWSO	YES NO	VALLEY VIL	EW N.H
Sine	14. F/	THER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN N		
230		S-REDERICK	NO ROT	A MELI	A REIS	CH
0	16a V	VAS DECEASED EVER IN U.S. AR			ADDRESS	1500
medicol	((IF YES, GIVE	216 88	2968 RUTH H	URLEY VE	5 950 1 5
		VU	216 05	2760 110111 11	URCEP VE	SPER AVE
event, the		18. CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE	ly one couse per line for (o), (b), or	ad ici		RETWEEN ONSET AND DEATH
eve			E CAUSE 10)	MOKE		
ofic		4292	DUE TO, OR AS A CONSEQU	ENCE OF		
troum		Conditions, if ony, which	(6)	EEVER		
5		gove rise to immediate		The state of the s		
or other		couse to, stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF 1/0		
5			(c)	75612		
nlory,	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition of	SIVEN IN PART 10
	٥		organie Br	eun tol		
ony	3	190 DATE OF OPERATION	CAL CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
Sy Ox	E					YES TO NO TO
20 00	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2)
E 2		OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
morked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
0	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		ciri aktayee	COUNTY STATE
Ork		A HORK		Jug.	1 1/20/	9/
E			ol) ottended the deceased from	0/	6 6 4/30/	that (I) (we) lost
2		saw the deceased alive on above, (1) (we) (did) (did not	new the bady after/death.	and that in the teat opinio	on deoth occurred on the dote and h	our and from the couses stated
If Hem		22h SIGNATURE		DEGREE		221. BATH SIGNED
=	١.,		Mamon	ATTENDING	MEDICAL STAFF	8/1/8/
TANT.	1	22d. PHYSICIAN'S NAME (TIPE OF	ABOUTE TO THE PARTY OF THE PART	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	19/1/01
RTA		220. PHI SEIAN S NAME (TIPE OF	A NICIIY	EAX ADDRESS	1 + T	11/2/201
IMPORTANT:	-	VUOTV 5	VU 10541	ETV 6 /11	In of lowson	Ma 21204
≤	23a E	URIAL, CREMATION, REMOVAL	23b. DATE . 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	(BURIAL	5/2/81 0	AK LAWA	BALTO.	COUNTY STATE
	24 FI	INERAL DIRECTOR	1 /01 0	Du 250	MENEGO, BY REGISTRAR 256, JEG	STRAR'S SIGNIATURE
6	1	NAME	MODRESS	0- 0- E- 7 D	NATO NO	7-7/Milledy
	7	E. CONNEL	14 300	14176- 200	0000	And the state of t



George J. Gonce 4001 Ritchie Hgwy Balto 21225

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

FOR STATE

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	1-	FOR STATE REGISTRAR			NT OF HEAL	MARYLAND TH AND MENTAL F TE OF DEATH	IYGIENE 8	REG. NO	0	9 3	1 5	
		CEASED NAME FIRST	WIDDLE		LAST		20 DATE C	OF DEATH A	HINON	DAY YEA	2b. HOUR	
		JOSEI			BROGU		Apri	7 1			1:00F	
		[ale	White		March 18, 1897			N YEARS LAST BIRTH	YRS.	MONTHS D	EAR IF UNDER 24 HR AYS HOURS MIT	
b	To. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.A.		MARRIED X	NEVER MARRIED DIVORCED		ore city <u>or</u> timore	-			MD.
0	2	TY OR TOWN OF DEATH	HOLLY H	iII Ma	nor	THER INSTITUTION	UYPE OF WC	LOCCUPATION PROPERTY OF LINIST	WORKING LI	ife) 126. KIN INDUST Orc	id of BUSINESS C IRY hestra	R
6	Ma			ESIDENCE BEFORE AO LITY OR TOWN 21239	13d YI	. INSIDE CITY LIMITS		ADDRESS A Que	ens	Ferr	y Road	
3	14. FA	Anthony Imbrogulio Sarah (Rosario)								Bar	ranco	
	16a. V	VAS DECEASED EVER IN U.S. AI	VE 1444 OR O. 1554	2-09-2		INFORMANT lizabeth	J. In	ADDRES nbrogu		Balt	o., Md.	
	z	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse loi, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUENC	CE OF	MALA W.	advo	SE OR COND	l.	VEN IN PAR	yes?	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OF	PERATION W	AS PERFORMED	20a AU	TOPSY?	IN CERTI		NDINGS USED ISES OF DEATH?	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M.	MONTH DAY	YEAR 19	c. HOW INJURY OCC	URRED (ENTER)	HATURE OF INJURY	IN ITEM 18	PART 1 OR PART	(2)	
	WE	TIE. PLACE OF INJURY VIII. EQUATION VIII. EQUATION VIII. EQUATION STREET CITY OR TOWN COUNTY STATE										
		27a.1 certify that (I) (this hosp saw the deceased alive or above, (I) (wa) (did no 27b. SIGNATURE	april 23	19.801		ATTENDING		L STAFF	te and hou	ur and from	the couses stoted ATE SIGNED) st
		22d. PHYSICIAN'S NAME (TYPE				e. ADDRESS					47.70	
		Edward F,	Cotter, 1	M.D.		1900 Eas	t Nort	hern	Park	cway	435-887	6
		BURIAL, CREMATION, REMOVAL	23b. DATE			TERY OR CREMATO	RY 23d. LOC	TATION TO OF TOWN	re	Mary.	land STATE	

Loch Raven

Johnson 8521

25a. DATE REC'D.

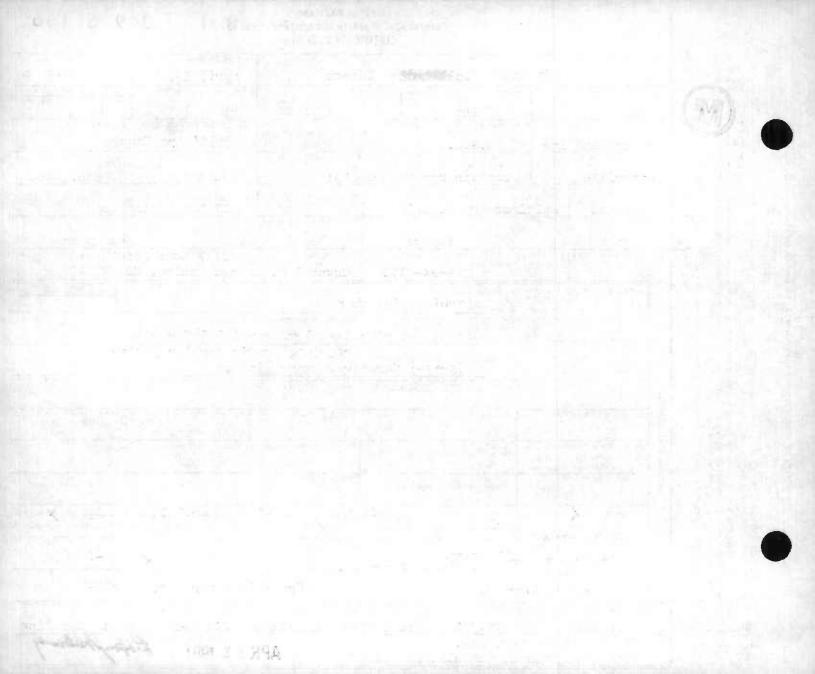
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OHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR
William E

BP.

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STATE OF MARYLAND



4		FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIGIE 0 9 3 /								7				
		I. DECEASE	DNAME	FIRST		WID			LAST			20 DATE	KNOWN	MONTH	DAY	YEAR	26. HOUR
10000	20年20年12	(TTPE OR PRI	41)	JOSEF	РН		E.		JACKSO	N SE	₹.	OF DEATH	MATED &	5 4	28	19 81	
	ANY, REASE DIRECTOR DUR FILES TO HOURS ON STREET	3 SEX	4. RAC		5. DATE OF BI	h 6 1	6. AGE (THDAY) MOI	INDER 1 YR.	IF UNDER	MIN.	2c. DATE PRONOUN DE AC	NCED	MONTH 4	29	YEAR 19 81	2:40 2 A
	A BE	To. BIRTHPL		III IE	76. CITIZEN OF WHAT COUNTRY? 8. MARR			RIED NE	VER MARR			imore			TY OF DEATH		
	DELAY IS I TO THE N PAGE SE FILED	Essex	21221		2118 F	ich facility. River	L, NURSING HO GIVE STREET ADDRE VIEW R	d -	THER INSTITU	JTION	120 USL	TALOCCU TALOCCU	PATION (TYP	E OF WORK	117h KIN	ND OF BU R INDUSTI Laline	ISINESS
. 21201	AND 3 AND 3 RETAIN HOULD	USUAL RESI	pence (# IN NI yland	13b 694N	ROTHER INSTITUTE	ON GIVE RES	CITY OR TOW SSEX	ISSION	13d INSIDE (CITY LIMITS? NO 🎜		EET ADDRI	ss 8 Rive	r V	iew I	Road	
RE, MD	M PM 3	Jos	FATHER'S NAME JOSEPH Jackson LAST LAST JOSEPH Jackson MIDDLE MIDDLE FIRST Cecilia Banashaka								LAST						
SALTIMO	COURS AFTER I A 18. GIVE PAGE G WITH FORM MIT. PAGES I JE, DIVISION (160 WAS DE	CEASED EVER	(IF YES, GIVE	AED FORCES?	166	SOCIAL SECU		Dorot		iller	2345	ADDRESS		Brio	dge F	ld.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	XECUTED WITHIN 24 H NG" IN PENCIL IN ITEM SAL EXAMINER ALON BURIAL - TRANSIT PER AND MENTAL HYGIEN ATION, OR REMOVAL	PART 2	conditions, if over rise to ause (a) stating ying couse last	VAS CAUSED IMMEDIAT any, which immediate g the under-	D BY: (E CAUSE (a) (DUE TO (b) DUE TO (c)	Shot O, OR AS A	O), (b), and (c).) GLID WOLL CONSEQUENT CONSEQUENT	CE OF			ART 1 (a)				BETV	PPROXIMATE	TAND DEATH
VITAL REC	SHOULD BE EVORD "PENDING CHIEF MEDICAL SELVED AS A NOT OF HEALTH BURIAL, CREW	TIFIC	ATE OF OPER			ONDITION AE OF INJU	FOR WHICH O								,	AUTOPSY?	NO []
ISION OF	CERTIFICATE TING THE WOED THE STANDING THE DEPARTMENT PRIOR TO E	EDICAL CE	RLYING X TRIBUTING D	OR CAUSE OF D	DEATH 1:02	2 _{P.M.}	0NTH DAY Y 4-28- 19 JURY (ATHOM	81 S	ubject	shot	•						
No.	AL EXAMINER: THIS C THE CERTIFICATE, WRIT HOULD BE FORWARD! HOULD BE FORWARD! ALM, WITH THE STATE D EE, MARYLAND, 21201	AT W	a. I certify that	_			d obave, held a	n Auto	TITLE (S	Inspection Cide SPECIFY) Sistan	Undete	Inquiry ermined ma	anner .	Batte SIGN	v	-29 - 8	Md.
	TO MEDICAL EXECUTE THE PAGE 4 SHOUTO FUNERAL AFTER DEATH, BALTMORE, N		INER'S MAME OR PRINT)		M. Dix	on, M			_ADDRESS_				enn Si	•			
	BP	23a.BURIAL,	CREMATION, I	REMOVAL	5/2/81		23c NAME OF Morela	nd Me	or cremate morial	Gard	enś		timore			1.	ATE
Leh	DHMH - 17 (VR A15 ME (5)) 15M 2/80	17/102	ALCOHOL: A	Fugaera	I Home	PM/1	407 Old	East	ern Av	4.0		1981	R 256 REGI	STRAK'S	SIGNAT	beady	

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STATE OF MARYLAND

A JOHN HARRE M.D.
FRANKLIN SQUARE METAVAL ARTS DLDG.
SULTE 320-5101 FRANKLIN SQUARE OFFER
BALTIMOS

-3	1.	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HY	YGIENE 8 REG. N	0	9 3	1 4
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY		26 HOUR
age 3		HYMAI			BSON		04 2) PA
84	3. SE		RACE	MONTH	DE BIRTH 20	& AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
题/L)	70 B	RTHPLACE (STATE OR FOREIGN 7)	CA WCA CIOP.	0	7 X8 92	SE BALTIMORE CITY O	YRS.	E DEATH	
135	C	MARYLAND	USA	WIDOWE		BALTI	MORE CO	UNTY	M
Statute SS	10 C	RANDALLSTOWN	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET BALT IMORE COUN	ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF PHARMAC		IZE KIND OF INDUSTRY DRU	F BUSINESS OR JGS
32	USU 13e	ALRESIDENCE IN NURSING HOME OR OF OTTATE MARYLAND	HER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOR	ADMISSION) N E	134 INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 6001 PARK	APT. HTS. A	3-E VE. #	[‡] 21215
Completely	14. F/	ATHER'S NAME LEOPOLD	JACOBSON		is mother's maiden in ESTH	ER		FRAÑ	ķ.
Pages 1	160 V	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W				RS. SHIRLEGER MBER CT.	BALTO.,	MD	21208
physicia papers. emoval. tic eveni		PART I. DEATH WAS CAUSED	50F TO / T		CANCER	OF PROSTR	LATE	BETWEEN	MATE INTERVAL ONSET AND DEATH
carbon pa carbon pa on, or rem traumatic		1830 IMMEDIATE	DUE TO, OR AS A CONSEQUE	NEE-OF	DISEASE		,		
d by the att ase remove al, cremati y, or other		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.)			EART Wist	ASE		
been signed b t. Then please rior to burial, s any injury,	NO.	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN	IN PART 10) 1
nows or D	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFY II YES	WERE FINDIN NG CAUSES	OF DEATH?
tra tral tal		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTEY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
R: After thise as the burial alth and Men is marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
USE He 21		220.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)	04-27-19	81.0		n death occurred on the d		ind from the	
RAL DIR detached tate Dept.		27b. SIGNATURE	Maly.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	27/81
TO FUNERAL DIRECTOR Should be detached for with the State Dept. Of MPORTANT: If Item		SUDATIR	PATEL		130 e C	ounty ben	· Hor	Arita	e
- # 3 E		SPECIFY) BURIAL			EMETERY OR CREMATOR	BALTIMO		MARY	
HMH-16 25M IA 15, 4) 1/79	1	UNERAL DIRECTOR SOL LE 010 REISTERSTOWN	VINSON & BROS., RD. BALTO., N	INC ID 21		AY 6 1981	25b. REGISTRA	R'S SIGNAT	

MAY 6 1981 Freezewalen

STATE OF MARYLAND

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BALTIMORE. MD.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

(VRA 15, 4)

ANATOMICAL BOARD OF MARYLAND

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MPORTANT

DHMH - 16 50M 1/81 (VRA 15, 4)

WEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR (TYPE OF PRINT) 8 NSON 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR FUNDER 24 HE MONTH White Male 21, 1943 Jan. 38 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Maryland U.S.A.Baltimore County WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Baltimore County General Hospital Disabled ____ USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
Baltimore
Owings Mills 13g. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 1011 Barnes Ave. YES 🖂 NO.1 21117 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Albert James Johnson Gladus Evelun 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Rom Aine Johangress 2652 Hunting Don Ave 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 213-40-0150 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSPOUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER

PM 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)

21f. LOCATION STREET

CITY OR TOWN

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obave, (1) (we) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

22e ADDRESS

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Lake View Mem. Park

23d. LOCATION CITY OF TOWN

Eldersburg

Ma Carrol

Burial

(SPECIFY)

21d. INJURY OCCURRED

NOT WHILE

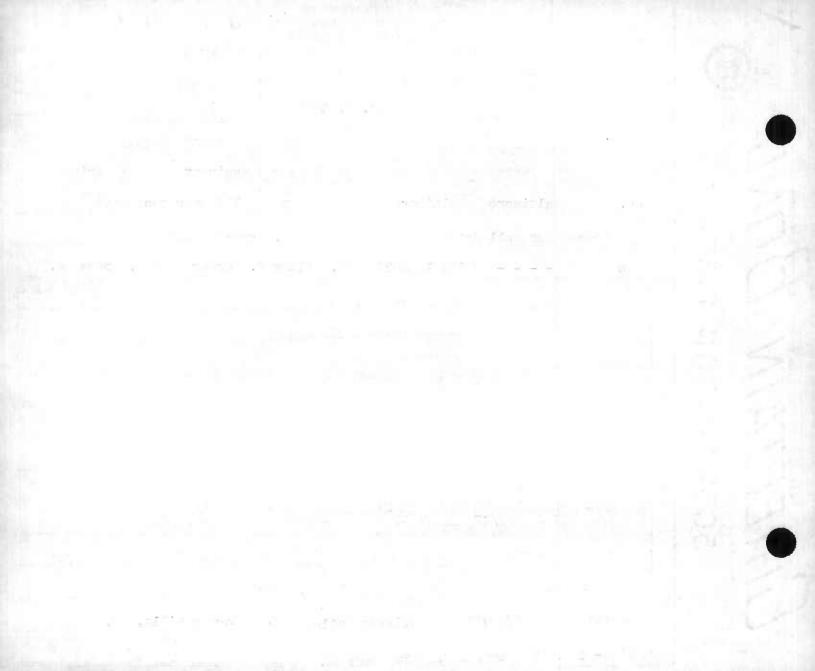
24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 250. DATE REC'D. BY REGISTRAR 8728 Liberty Road Randallstown, MD. 21133

APRLU

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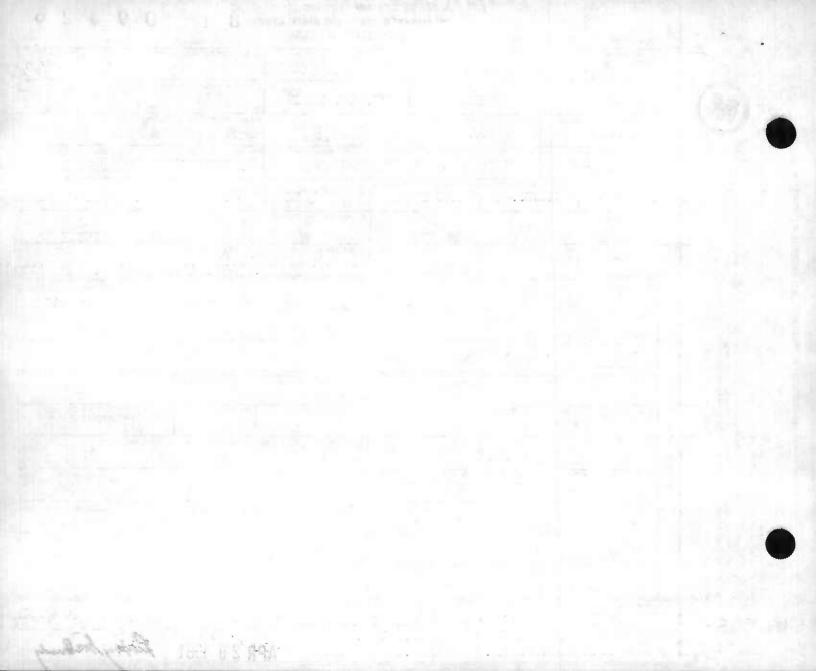
	H	1.	FOR STATE REGISTRAR		STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9 3 2 3
oy be	o th		CEASED NAME FIRST LOC NOW	MÍDDLE 1. RACE	Johnson 15. Date of Birth	20. DATE OF DEATH MONTH Apri 6. AGE (IN YEARS LAST BIRTHDAY)	1 1281 2 10 PM
Page 4 m	(M)	1	RTHPLACE (STATE OR FOREIGN	Negro 76. CITIZEN OF WHAT COU	5 - 14 - 1900	0 1	MONTHS DATS HOURS MIN.
deoth. P	Se de la company	Ba	HIMBE NO.	US.A.	MARRIED NEVER MARRIED	BAltimorE	.Co. MD.
201	る意 すしへ	BA	HIMOVE	HEMACUST	URSING HOME OR OTHER INSTITUTION ESTREET ADDRESS)	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING HOUSE LATE	
MARYLAND 2120'	filled in must be	130 X	AL RESIDENCE (IF NURSING HOME OR STATE 13B COUN	OTHER INSTITUTION, GIVE RESIDENCE ITY	TIMOVE YES NO [BHT, NE,
MARYLA ed within		14. FA	THEFTS NAME STAR KINO	WA	ST SAOTHER'S MAIDENN	MIDDLE .	SYAY AST
BALTIMORE, MA	S. Poges		VAS DECEASED EVER IN U.S. ARI YES, 1900 PUNKNOWN) (IF YES, GIVI	E WAR OR DATES)	122-5338 Lenora T	errell 1346 Pent	Tidge Rd.
W. PRESTON ST., BAI	ng physic bonpope r removol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), storing the	DUE TO, CENEY	Myocardial Infar allized Hypertensi	ve (5+yrs	
201 es th	Signe Then pl to buri njury, o	NOIL	underlying couse lost. PART 2. OTHER SIGNIFICANT C	(c)	IG TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
AL RECO	re hos been sit permit. I giene prior shows ony ii	CERTIFICATION	190. DATE OF OPERATION		which operation was performed	YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YESNO
DIVISION OF VITAL RECORDS,	phys riffico Il-fro rol Hy m 18	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18) PART I OR PART 2)
NVISION O	offer the sthe	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY.	OFFICE, FARM, ETC } 21f. LOCATION STREET	CITY OF TOWN	COUNTY STATE
ATTENDIN	pital TOR: for us of He 21 is		226.1 certify that (I) (this hospit saw, the deceased alive on above, (I) (assembl) (did no	tol) attended the deceosed	19 81 ond that in (my) (opinio	n death occurred on the date and he	our and from the couses stated
AL OR A	Che he		Clearlest	ONom	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
HOSPIT			22d, PHYSICIAN'S NAME (TYPE O	R PRINT)	750 Y	ork Rd.	
101	BP	230	URIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 4-16-81	230. NAME OF CEMETERY OR CREMATOR	My Westport BAI	+ COUNTY Md STATE
	AH-16 30M 2/80 (VRA 15, 4)	24 E	INERAL DIRECTOR	Dican /	135 N. Brondinav APR	AT REC'D, BY REGISTRAR 751 SEG	STRAR SIGNATURE

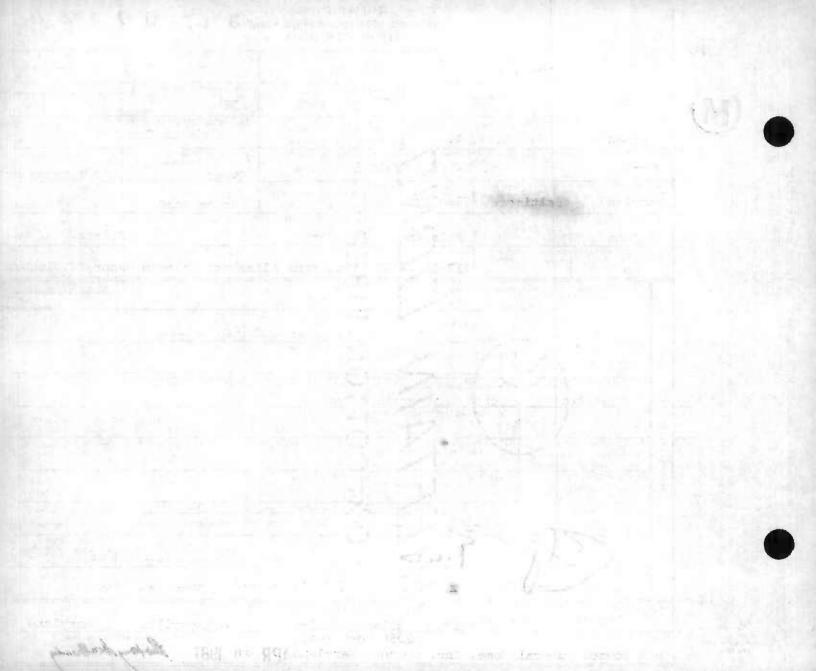
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. 7	1.	STATE REGISTRAR		DEFARIA	CERTII	ICATE OF DEATH	REG. 1	10.		418
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	70 BI	RTHPLACE (STATE OR FOREIGN POUNTRY RUSSIA		WHAT COUNTRY?		D NEVER MARRIED	BALTIMORE CITY			MD
by the fu	1.7	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN ORD ^{LIT} MANOR	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION HOUSEWIT		126 KIND C	OME
ald be file	USU.	AL RESIDENCE (IF NURSING HOME C	NOTHER INSTITUTION	13c. GIA PRIPM		134. INSIDE CITY LIMES?	13. 565 20 SAS	ZO RD.,	APT.	C #21209
de san		THER'S NAME FIRST CHAIM	WIDDLE	SOLOMON		15. MOTHER'S MAIDEN NAI FIRST ANNA	MIDDLE		LUBIN	
event, the me		VAS DECEASED EVER IN U.S. A res, no or unknown) (if yes, gr NO	RMED FORCES? VE WAR OR DATES)	217-22-			MAN KAHN ADDI E., APT. 11		LTO.	MD 21208
n please remove carbon burial, cremation, or o injury, or other trauma		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	DR AS A CONSEQUE	NCE OF	SCVD			103	In
e has been s bermit. The ene prior to shows any	CERTIFICATION	PART 2 OTHER SIGNIFICANT	p.	unum	sl	NOT RELATED TO THE TERM FUE N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V	WERE FINDI	
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21 He		22e. L certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did n 22b. SIGNATURE	4	126 195		nd that in (my) (aur) apinian of	death occurred an the	date and haur a	nd from the	
detac State ANT:		22d PHYSICIAN'S NAME (TYPE	Frldn OR PRINT)	und	nh.	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL ST.		1 4 V	121/81
TO FUNERAL should be detaction with the State IMPORTANT:	23a 8	SURIAL, CREMATION, REMOVAL BURIAL				EMETERY OR CREMATORY	23d LOCATION DATE: CITY OR TOWN BY	ALT IMORÍ	QUNTY	MARYLAND
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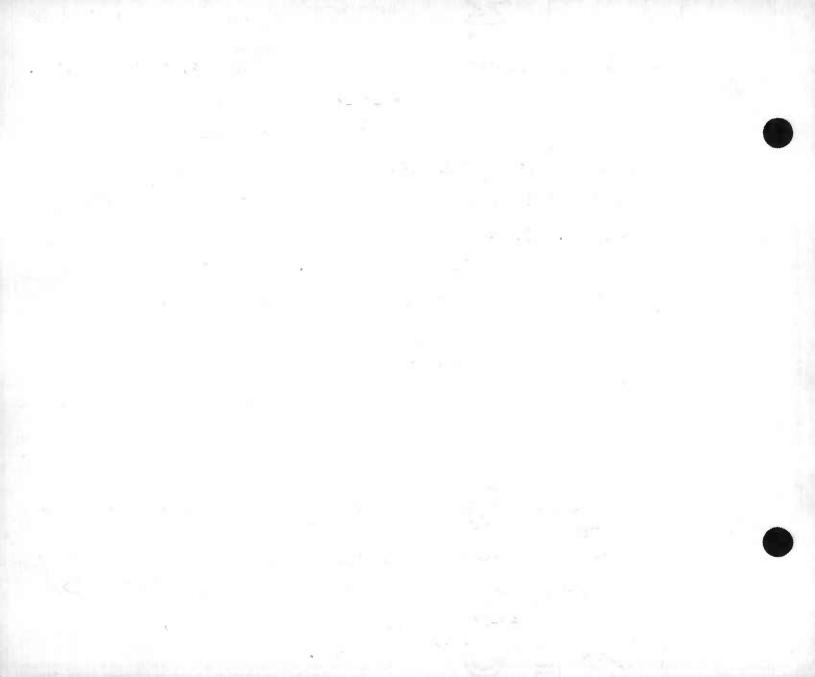


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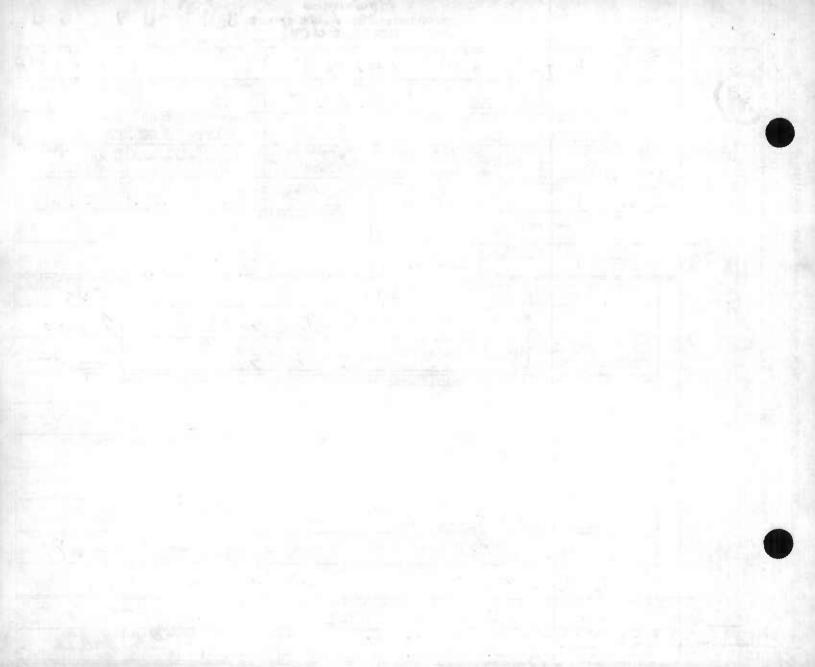
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M	ļ		J. SEX	EMALE		RACE WHI	ľE	5 DATE C	0F BIRTH 22-°112 YEAR	4 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER HOURS	24 HRS MIN
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y the ho	4 4			Th SIGNATURE J.	(Xa	lima	an	V	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF IIAN 🗌	22c. DATE	SIGNED 8	/-
etoined b	should be de with the Stote	1		F.S. G	\mathcal{O}	nisal			809 8hi	LA. B.	BAI	10- M	10.	
BP	-		B	URIAL, CREMATION,	REMOVAL	236. DATE		ARDEN		BALTIMOR		OUNTY RYLAN	7.000	ATE
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a	1-	FOR STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0	9 3	3 0
eren.		EASED NAME	FIRST		AIDDLE		AST	2R DATE OF DEATH	MONTH DAY		26 HOUR / 30
15		7	ETTA		B		rzoff	7	16	81	
	3 SEX		4	RACE		5 DATE C	DAY YEAR	AGÉ JIN YEARS LAST RIRTI		O TOTAL TEMP	HOURS MIN
Duce	1 00	FEMALE		WHIT		SEP	г. 5, 1889	91 BALTIMORE CITY O	YRS.	FREATH	
7 7 6	CC BII	RTHPLACE (STATE OR FO		USA	WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALT IMOR			
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d 2 shou	14. FA	THER'S NAME FIRST HARRY	MID	DLE	BERMAN		15 MOTHER'S MAIDEN NAME FIRST SARAH	WIDDLE		WEINËR	
Pages 1 and 7	16R V	VAS DECEASED EVER ES, NO OR UNKNOWN) NO	IN U.S. ARME		166 SOCIAL SECU 216-46-		17 INFORMANT	BERT D. KATZ	ss ZOFF		
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use as the Health	M		(This hospital	ottended the	e, deceased from		DEGREE ATTENDING 3	MEDICAL STAF	F _		
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. 5 %		Item #15 Film FOR STATE REGISTRAR		DEPA	RTMENT OF H CERTIF	OF MARYLAND EALTH AND MEN ICATE OF DEA	TH		REG. N	0	9	3	3	1
ay bé nage 3 deoth		CEASED NAME FIR	OHN	WIDDLE		AST T TOTAL		2a. DATE OF D		MONTH	198]	YEAR	26 HOL	
• 4 may lar. pag after de	3 SE		4 RACE Whit	e	5. DATE C		YEAR	April		RTHDAY)		R) YEAR DAYS	9:19	
● (M) 97		RTHPLACE STATE OR FOREIG	76 CITIZEN OF	WHAT COUNT	RY? 8. MARRIEI WIDOWE	NEVER MARE		Baltimore Baltim		R COUNT		ATH		MD
o) by the united with	1	alto. Co.	11. NAME OF		RSING HOME C	R OTHER INSTITUT		120 USUAL OC (TYPE OF WORK FO	CUPAT	ION	12b.	USTRY	· Ste	
AND 212 24 hour filled in tauld be f	13a S	AL RESIDENCE (IF NURSING HE TATE 136			FORE ADMISSION)	13d. INSIDE CITY L	IMITS?	13e. STREET AD 2817 PI	DRESS	field				
MARYLA markin mpletely and 2 sh	14 FA	ATHER'S NAME FIRST John	WIDDLE	Keller		15 MOTHER'S MA	IDEN NAM	\E	MIDDLE		unst	1.61		
TIMORE, be executed on and care. Pages 1		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SI 213-0		17 INFORMANT JOsephin	e Kel	ler 281	ADDRI		ield	Rd	.2122	22.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours reflected by physician. When this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled than Amental Hygiene prior to burial, cremation, ar removal. Or shows any injury, ar other traumatic event, the medical examiner must be not asset to the property of the property.	NOI	Conditions, if any, whi gove rise to immedia couse (a), stating it underlying couse la	(b)	OR AS A CONSE	OUENCE OF	Infarct		NAL DISEASE (OR CON					
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DING PHYSICIAN: The or oftending physicia After this certificate to so the buriol-transit oith and Mental Hygie marked or them 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE LIFE EITHER, NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF DEATH HOUR A. AMINER) P. 21e. PLACE		DAY YEAR 19 ICE, FARM, ETC)	216. HOW INJURY	Y OCCURRE		CITY OR TO			PART 2)	5	STATE
TTEND pital o TOR. A for use of Heal		22a. I certify that the (this saw the deceased of above, I (we) (did) () 22b. SIGNATURE	hospital) attended the con April did not) view the body	deceased fro	y, on	d that in (mg) (our	9 <u>81</u>) opinion d	, to _Apr		ote and ha		rom the		oted
by the ERAL DIE Store De Store		22d PHYSICIAN'S NAME	All	M.D.			NDING SICIAN	MEDICAL DIRECTOR	STA PHYSIC	FF CIAN 4		7-	3-8	
TO HOSPITAL TO FUNERA Should be detained by the Manual be detailed by the Store Manual be detailed by the Store Manual by the	22	H. 4E	RUANI	DEZ	,	9000		lin Squ		Driv	e 21	237		
BP		BURIAL, CREMATION, REM SPECIFY) Burial		16-1981		Heart Of	Mary		Ba	ltimo			Md	TATE
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR Line Dabrows	ki 1005 E	ounda 1 K	SAve.		250. DATE	1 0 198		256. RECO	Frage	NO.	Sandy	4

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岩		RTHPLACE (STATE OR FOR COUNTRY) Baltinore M		U.S.		MARRIE WIDOWE	DIVORCED	Baltimo	R COUNTY O		
55	19.C	ITY OR TOWN OF DEAT	Н	Baltimo	OSPITAL, NUR	SING HOME C	eral Hospital	120 USUAL OCCUPAT (TUR OF MORK FOR MOST C RECIPED	ION OF WORKING LIFE]	126. KIND OF B INDUSTRY Paint	er
35	USU 13 M	AL RESIDENCE (IF HURSIN STATE aryland	G HOME OR C		Baltimo		134 INSIDE CITY LIMITS?	6700 Bonni	e Ridge	Dr. 2	212
30		ather's NAME late First Edwar	d Kel	T y	LAST		late SAmmi			LAST	
	(WAS DECEASED EVER IN YES, NO OR UNKNOWN]		MED FORCES?	215 03		Mrs Rosalie	Kelly 6700		RIDGE	Dr
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0	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 3 3
0		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR
10,000		JOANN	NE W.	KELSO	4 24	+ 181
	3. SE		RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24
		FEMALE	WHITE	MONTH 1 1 29	52 YRS. M	ONTHS DAYS HOURS
Poor in			CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OF DEATH
678 279		country)	TISA	WIDOWED DIVORCED	BALTIMORE COL	JNTY
ed of	10. C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINES
1 9 5 6	T	OWSON	GBMC-6701 N.	CHARLES ST.	(TYPE OF WORK FOR MOST OF WORKING LIFE)	School
be fi	USU.	AL RESIDENCE (IF NUR) OR O	THER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)		T OCHOOL
blo sold		aryland Harfo			3109 Whitefield	Road
2 sho		THER'S NAME		15. MOTHER'S MAIDEN NA		noac
and lond ond)	**	IDDLE LAST	FIRST	WIDDLE	EAST
0	16n. \	Eugene vas deceased ever in u.s. arm	F. Wrigley ED FORCES? 166 SOCIAL SECU		ADDRESS	Flynn
Segon 2		(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		Churchville,	Md. 21028
pers. P		N•	281-28-1 one cause per line for (a), (b), an		3109 Whitefield	APPROXIMATE INTERV
been signed by the attendi mit. Then please remove car prior to buriol, cremotion, or ony injury, or other troumoff	CERTIFICATION	Conditions, if fany, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO.				N IN PART 1(0) WERE FINDINGS USED
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buriol-th buriol-th Amntol or them	₹ S	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
d Me bu	MEDICAL	21d INJURY OCCURRED	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
After the	>	WHILE NOT WHILE AT WORK	,		1 (0)	0.
		22a.1 certify that (I) (this hospita	ol) attended the deceased from_	4/2 19 81	, to4/24, 1	9 <u>81</u> , that (I) (w
or to		saw the deceased alive an obove, (1) (we) (did) (did nat)		81 , and that in (my) (our) opinion	death occurred an the date and haur	and from the couses sto
		22b. SIGNATURE	Jen-	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	4/24/81
DIRECTOR: toched for us e Dept. of He If Hem 21 is		11000		PHYSICIAN	DIRECTOR PHYSICIAN [A]	1 1/ - 1/ - 1
At etc		270 PHYSICIAN'S NAME CITYPE OR	PROME	22¢ ADDRESS		
d be deto		PHYSICIAN'S NAME (TYPE OR'S . JEREZ, M.D		22e ADDRESS	N CHARLES ST	
UNERAL d be deto the State RTANT: I		S.JEREZ,M.D	•	22e ADDRESS GBMC-6701	N. CHARLES ST	•
i e e e	23a E	S. JEREZ, M. D BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c. 1	220 ADDRESS GBMC-6701 NAME OF CEMETERY OR CREMATORY	N. CHARLES ST	COUNTY
UNERAL d be deto the State RTANT: I		S.JEREZ, M.D	•	220 ADDRESS GBMC-6701 NAME OF CEMETERY OR CREMATORY	23d LOCATION	

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BALTIMORE COURTY

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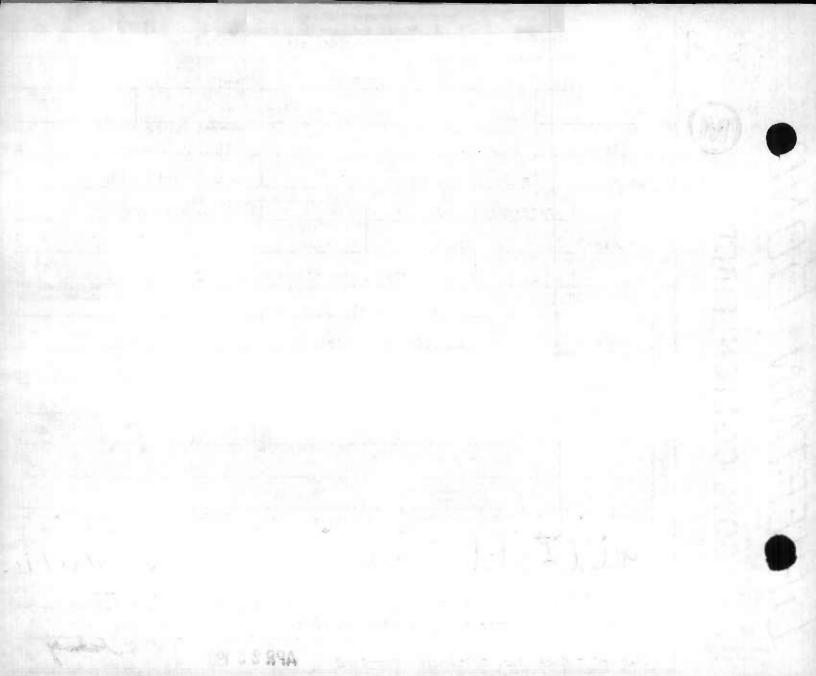
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Leonard J Ruck Inc. Baltimore, Maryland

(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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A STATE OF THE STA

	1	FOR - STATE REGISTRAR	STATE OF MARYLAND. DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	09337
be e 3		CEASED NAME FIRST (CEASED NAME FIRST)	Y R. KIN 5	PR.	MONTH DAY YEAR 25 HOUR 17, 1981 930 PM
sge 4 may	3. SE		4 RACE S. DATE OF BIRTH MONTH DAY YEAR 7 19 19 19 19 19 19 19 19 19 19 19 19 19	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 74 HRS MONTHS DAYS HOURS MIN YRS
dearn. Pa		IRTHPLACE (STATE OR FOREIGN	7% CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED	BALTIMORE CITY O	COUNTY OF DEATH O. COUNTY MD.
by the fuel of the	10. C	DVN DALK	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 8002 STRATMAN RD.	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
ithin 24 ho	13a	IAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN BEATHER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATY 134. CITY OR TOWN 134 INSIDE CITY LIMITS? TES NO 15. MOTHER'S MAIDEN NAV	130 STREET ADDRESS	STRATMAN R
courted w			DAVIS CHALOTTE	SAUN	OERS LAST
ian and or Pages 1			WAR OR DATES	SHIPLEY	1724 RED BAK R. APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL
res that the death cer ed by the attending pl asse remove carbon p ial, cremation, or ren iy, or other traumation		Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	inoma 8/1	Dladb one year
The law requi	CERTIFICATION	PART 2 OTHER SIGNIFICANT (196 CONDITION FOR WHICH OPERATION WAS PERFORMED	206 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: ng physician. this certificate urial-transit pe Mental Hygiei d or Item 18 s	60	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	RED JENTER NATURE OF INJUI	YES NO RY IN ITEM 18 PART 1 OR PART 2)
ENDING PH or attending DR: After this eas the buring ealth and Miss marked of	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
DIRECTO		sow the deceased alive on	tol) attended the discosed from 19 10 and that in (my) (see opinion of the body after death. DEGREE ATTENDING	death occurred on the do	19 that (I) (we) lost one and hour and from the causes stated
TO HOSPITAL TO FUNERAL Should be detace with the State		22d PHYSICIAN'S NAME (19PE O ATAOLL AH	PHISICIAN U	DIRECTOR PHYSIC	Balto, Md. 21222
BP	L	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	4/21/81 OAK LAWN	736 LOCATION CITY OF TOWN	
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	ADDRESS	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE

DURANCE STORT MORE TO PEROFE THE ND BALTE DEMONSTE THE FORE STRANGE CO 2429 1323 GLADPS SHINET 17. 4 RED MIR MID metrotite almeteramon alsolo munas 18 / 51/4 = 2011 18/21 18/21 = 31 = 1 ATHOLOGY OF GOLPING M.D. 3029 Dinibally am Balt M. 21222 AND THE RESERVE OF THE PARTY OF

1 - STA				DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	D.	7 3	J Q
1. DECEASE		FIRST		MIDDLE		AST	20 DATE OF DEATH	HTMOM	DAY YEAR	26. HOUR
1		DITH	TAY	LOR	KLING	GELHOFER	APR	RIL 4	, 1981	
3. SEX		4	RACE		5 DATE C		& AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	
FEN	MALE		WHITE		JAN		67	YRS	MONTHS DAYS	HOURS MIN
COUNTRY	ACE ISTATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D X NEVER MARRIED C	BALTIMORE CITY O			W
	TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, DRRIS AVEI	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOMEMAKER			OF BUSINESS O
USUAL RES 130 STATE MI		BALTI	Υ	GIVE RESIDENCE BEFORE 13C CITY OR TOW LUTHERVII	N	134 INSIDE CITY LIMITS? YES NO 🐴	130. STREET ADDRESS 204 MORRIS	AVE	. 21093	
14 FATHER	'S NAME FIRST	AA	DOLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDOLE			157
BE	VERLY	,,,,	T.	TAYLOR		IDIE	RUTH		MOORE	131
	ECEASED EVER	INUS ARM		166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	SS		
NO	OK GIMENOWN,	18 123, 0.172	TAR OR DATES,	213-38-8	621	CARROLL S. KI	LINGELHOFER	204	MORRIS	AVE.
Can gav cau	ART I DEATH W	, which mediate ng the	DUE TO, O	RAS A CONSEQUE	culeu	in ca.				
	T 2 OTHER SIG	NIFICANT CO		ONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM				
CERTIFICATION 10 0 0	ATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE FINDS IFYING CAUSES YES	
00.0	ACCIDENT WAS UN ONTRIBUTING [] ITHER, NOTIFY MEDIC	CAUSE OF DEAT	"	DE INJURY M. MONTH DA M	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18), PART I OR PART 2)	
WEDICAL SING MAIN	INJURY OCCUR	THILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
	saw the deceas	ed alive an_		e deceased Iram		nd that in (my) (aur) apinian				, that (I) (we) la e causes stated
	SIGNATURE			after death.		DEGREE ATTENDING	MEDICAL STAI		11 DAR	ESIGNED

224. PHYSICIAN'S NAME (TYPE OR PRINT) STEPHEN GLASSER

22e ADDRESS

600 REISTERSTOWN RD., PIKESVILLE, MD. 23d LOCATION
CITY OF TOWN
COCKEYSVILLE 23c. NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL APRIL 7,1981 DULANEY VALLEY MEM. PK

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signe should be detached for use as the burial-transit permit. Then ple with the State Dept. of Health and Mental Hygiene prior to bur

is marked or Item 18 shows

IMPORTANT: If Item 21

74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

23b. DATE

STATE

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1995			
	arekar. India		

	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 1 (9 3 3 9
7.5		CEASED NAME FRST MOOR PRINT)	ARY MIDDLE GE	NEVIEVE	AST KOERNER	20 DATE OF DEATH MONTH	DAY YEAR 25. HOUR
cor, pag	3 SE	Temale	4 RACE	MONTE	DE BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY?	D . NEVER MARRIED .	BALTIMORE CITY OR COUN	ITY OF DEATH
10		ty or town of DEATH	11. NAME OF HOSPITAL			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS (INDUSTRY
in 24 hours in should be seen must be	USU 130.	AL RESIDENCE (IF NURSING HOME OF TATE HAM COUL	NIA 13° CITA	ence before admission) OR TOWN LIMOTE	134 INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS 1161	Cleveland St.
completely 1 and 2 sh	14. F/	THERS NAME FIRST William	MODILE	nell	15 MOTHER'S MAIDEN NA	WE	LAST
rion and co	(VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOC (E WAR OR DATES)	-61-673	Mr. Joseph	L. Hellman, 10	21228 9 Hillside Rd.
requires that the death ce en signed by the attending Then please remove corb by to burial, cremation, or injury, or other traumatic	NOI	Dialul	ies mell	ONSEQUENCE OF	- Genero	7000	GIVEN IN PART TO
the low re cron. The low re cron. It has been six permit giene prior shows ony in	CERTIFICATION	190 DATE OF OPERATION		R WHICH OPERATIO		YES NO THE CER	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES \rightarrow NO \rightarrow
the hospital or attending physicial the hospital or attending physicial DIRECTOR After this certificate before do not so the buriol-transit te Dept of Health and Mental Hygie if them 21 is marked or them 18 shows them 21 is marked or them 21 is marked or them 18 shows them 21 is marked or	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceosed alive or obove, (1) (we) (did) (did no 22b SIGNATURE	HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTO 21) view the body ofter dec	NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.) ed from 19 8 1, 01	211 LOCATION STREET 19 76 Ind that in (my (Gui) opinion DEGREE ATTENDING	CITY OR TOWN to	COUNTY STATE
retoined by the TO FUNERAL should be det with the Stote IMPORTANT:	22.	224 PHYSICIAN'S NAME (TYPE OF	CAVEOLO		PHYSICIAN [DIRECTOR PHYSICIAN	- 0
BP	(BURIAL, CREMATION, REMOVAL SPECIFY) Burial	4/30/81	New Ca	EMETERY OR CREMATORY thedral Com	Baltimore,	COUNTY Maryland
DHMH-16 20M (VRA 15, 4) 7/7B	24. F	INERAL DIRECTOR 1630	Edmondson A	ves, Caton	Sville, Md 250 DAT	R 2 9 1981	May / Chesty



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10	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 C	9 3 4 2
Ψ		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
may be page 3 er death	{TYP	John John	H. KUEM	ms1 <c< td=""><td>Appil 3 19</td><td>81 "</td></c<>	Appil 3 19	81 "
may pag er de	3. SE		4. RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 24.	5	1914	WHITE	MAY JA13	b) yrs	MONTHS DATS HOURS MIN.
Page	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	A BALTIMORE CITY OR COUN	
S. IM RA	m	COUNTRY)	11 4 10	MARRIED MINEVER MARRIED	BAIT MONS	County
e se	10. C	ARYLAND ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
iled in	P	okialle	(IF NOT IN SUCH FACILITY, GIVE STREET	- ^	CACHIOS OF	SUFE) INDUSTRY
E & 2	/USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	T KOAD RE ADMISSION)	II INCHINE CI	11.16.10.
should by filled	130.	STATE 136 COU		/	3318 CARD	CT BOAD
d 2 sho	14. F/	ATHER'S NAME	LTO. MARKY	15. MOTHER'S MAIDEN N		IST ROAD
	-	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
a	160	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	VOLKMAN
Pages 1	1	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	40	. 0	
	-	10	·	474A FAMIL	1 RECURDS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a physicia an papers emaval. event, the		18. CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE	nly one couse per line far (a), (b), a ED BY:		reet	4 -
		IMMEDIA	TE CAUSE (0)	querosusey (180	wer	10 miles
attendir ave carl stian, ar raumati		4760	DUE TO, OR AS A CONSEQU	ENCESS ON A		>10 1110
the atter remave c ematian, er traum		Conditions, if any, which gave rise to immediate	(b) (c)	nocus		ye
ed by the attendin lease remave carb rial, crematian, ar i ar ather traumatic		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEON	JENCE OF COLOR		210/1/2
pleas prial, or at			(c)	2909		zray.
Then pl	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART TO
	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
permit.	FIC				IN CER	TIFYING CAUSES OF DEATH?
ofe has nist per ygiene I shaws	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM)	
is certificate has burial-transit per Mental Hygiene ar Item 18 shaws		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	Control tour on a short settlem.	
burial-tr Mental ar Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	21f LOCATION		
	ME	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
use as the ealth and s marked		AT WORK AT WORK	in Description of the American	1917	1981	10 4 (1)
or use of Heo		saw the deceased alive at	nital) attended the deceased from		n death accurred an the date and h	, 19, that (1) (we) lost
od for ot. of h im 21	- 1	above [] (well (del) this a	ot view the body after death.	DEGREE	and the date and the	22c. DAU SIGNED
DIRECTOR: tached for us bopt, of He If Item 21 is		I Doll	Lanina Son	ATTENDING	MEDICAL _ STAFF _	M. DAY SIGNED
N de de		THE PHOSE CIAN'S MANS TO A	Janes 1	PHYSICIAN	DIRECTOR PHYSICIAN	17601
FUNERAL JID be detail the State		The second second	CRIPTION /	22e ADDRESS		_
TO FUNERAL should be det		John 7.1)	15351NA, T).1	17401 05	LER DRIVE -	Tow son
- 4 > 2	230.	BURIAL, CREMATION, REMOVAL	23t DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	5	URIAL	H 6 1981	brelano l'Em-Pt	K. MARKVILLE B	LALTO-MARYLANG
30M 2/B0 15, 4)	24. F	UNERAL DIRECTOR	ADDRESS	250	TE REC'D, BY REGISTEAR 25b. RE	A STATE OF THE STA
(3, 4)	8	Ans tuneral	CHAPEL 8400)	HARFORD RO.	וויייייייייייייייייייייייייייייייייייי	11/1/11



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIFNE &

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	1.	- STATE REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	0.			
		CEASED NAME	FIRST	1	MIDDLE	l	AST		2e. DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOUR
1	Y I I I		LCA			2	AMBR	2 5			04	24	81	740 PM
6	1. SE	X		4 RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIF	RTHDAY)		RIYEAR	IF UNDER 24 HRS
٦		FEMALE	Ξ.	GREEK MONT				94	89		YRS	MONIHS	DAYS	HOURS MIN.
4	7a. B1	HPLACE (STATE OR F	FOREIGN	76. GITIZEN OF	WHAT COUNTRY?	B.	D NEVER A	ADDIED [9 BALTIMORE CITY OR COUNTY OF DEATH					
7	V	Greece		VGreece	2	WIDOWE		ORCED	Baltimore County					MD
1	10. CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120 USUAL O	CCUPAT	ION	12b	KIND O	F BUSINESS OR
9	Ro	andallstown	1	Balto.	County G		l Hospi	tal	Home M			(IAC) IIAC	OSIKI	
6	130. 9	al residence (if hurs STATE ary land	13b COUN	1TY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Randalls	VN 134 INSIDE CITY LIMITS?			13e STREET A 3710 F		e Rd.	D.A		
	114. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S	ME				21000		
E		Gus		WIDDLE	Regas		Metax		WIDDLE	A1	iger 1	nos		
		WAS DECEASED EVER			16b SOCIAL SECU	RITY NO.	17 INFORMA		-	ADDR	3710	Fiel	det	one Rd.
	0	ves, no or unknown) No	(IF YES, GIV	E WAR OR DATES)	068-01-0	419	Mrs. J	ean Ka	rageorg		Rando			
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o), (b), one	d (c)		2200	- 00,000 - 51					MATE INTERVAL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACUTE PULMONARY OFDEMA												
		Conditions, if ony, which (b) ARTEIZIOSCIERUTIC HEART WISEASE									E			
		gave rise to imm cause (a), statin underlying cause	ig the	DUE TO, OI	r as a conseque	NCE OF								
	CERTIFICATION	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	ORCON	IDITION G	IVEN IN I	PART 110	\
7	₹ E	190. DATE OF OPERAT	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOF	PSY?				GS USED OF DEATH?
X.,	E				47				YES 🗔	MOM		res 🗌	. 40525	NO D
2	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	CAUSE OF DEA	3.61	M. MONTH DA	AY YEAR	21¢ HOW IN.	JURY OCCURE	RED (ENTERNATI	JRE OF INJU	PY IN ITEM 18	PART I OR	PART 2)	a Halv
	MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	OILE 🗆		EET, FACTORY, OFFICE, F		211 LOCATIO	N -		CITY OR TO)WN	co	UNTY	STATE
270. I certify that (I) (this hospital) attended the deceased from 4-24-, 19-81, to 4-24-, 19-81 sow the deceased alive an 4-24-, 19-81, ond that in (my) (our) apinion death occurred on the date and hour and from the above, (I) (we) (did) (did not) view the body after death.												hat (I) (we) lost couses stated		
		22b. SIGNATURE	3	2001/10	h			TTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSK		22	GDATE S	24-81
		22d PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e ADDRESS	5						

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 4/27/81

PATEL 23b. DATE

231. NAME OF CEMETERY OR CREMATORY Greek Orthodox Cem.

Bal

County 23d. LOCATION

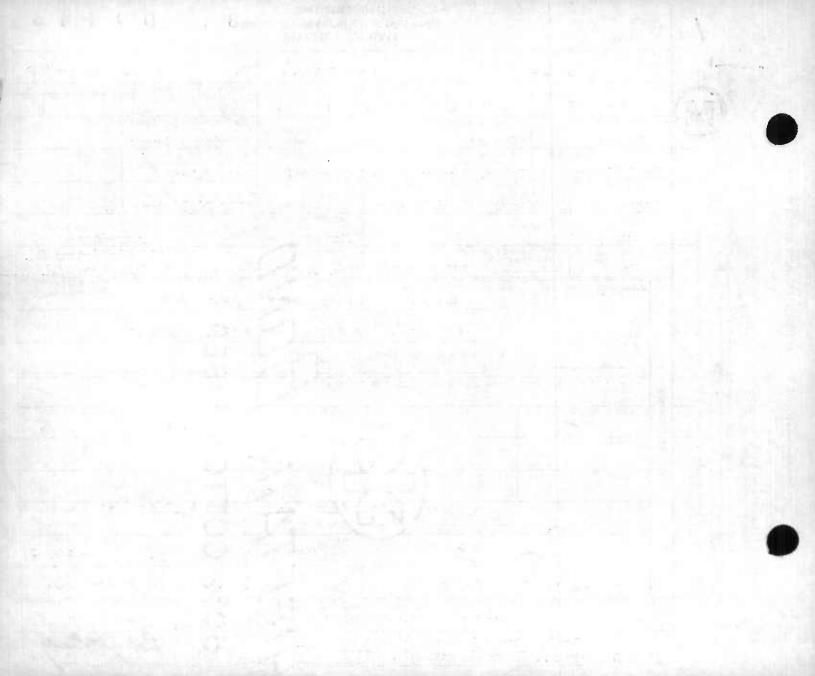
beneral Hospital.

timore

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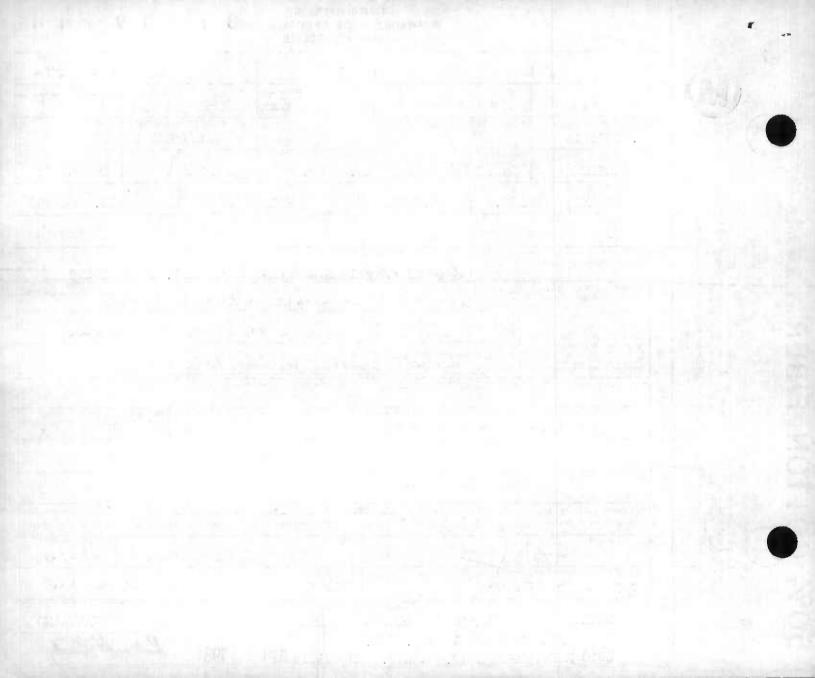
FUNERAL DIRECTOR Loring Byers Funerals Directors, P.A. 250 DATE REC'D. BY REGISTRAR 251 8728 Liberty Rd. Randallstown, Md. 21133



BALTO., MD

21215

STATE OF MARYLAND



18	11-	FOR STATE REGISTRAR			DICAL E	STATE MENT OF HE XAMINE	ALTH		ENTALH		İ	O REG. NO	9	3	4 5	5
결혼하였다		CEASED NAME E OR PRINT)	Let	a	J		I	arsei	n		OF	NOWN ESTI-	MONTH 4	16	YEAR 19 81	25 HOUR
RY PLEA ON FILE TO HOU	3. SEX	emale	white	5. DATE OF BIRTH MONTH DAY July 16,			IF UNE	DER 1 YR.	FOURS		DATE ONOUNG DEAD	ED	MONTH 4	17	YEAR 81	2d. HOUR 2:00
	FC	RTHPLACE (STAT REIGN COUNTRY) uth Dako		76. CITIZEN OF WH			MARRIE		VER MARRIE	ED 🔲		recity of				PM MD.
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		TY OR TOWN OF	F DEATH	11. NAME OF HOSI (IF NOT IN SUCH FAC 1027 M	CILITY, GIVE ST			r institut	TION	FOR MOS	OCCUPA STOF WORKI mema		PE OF WORK	12b KIN	ND OF BUS R INDUSTR	SINESS
21201 - ANY DEL AND 3 TO RETAIN F HOULD BE RECORDS	13a. S	RESIDENCE (# TATE ryland	13b COUN Balt	ROTHER INSTITUTION, GIV TY imore	13c CITY	BEFORE ADMISSION OR TOWN OWSON		I3d. INSIDE (I	TY LIMITS?	13e. STREET	ADDRES 27 M	s arlei	gh C	ircl	e	
E, MD.		Hubert		MIDDLE		illips		Jé	R'S MAIDE PRST Cannet		MID			ınkno	LAST WN	
BALTIMOR URS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 AN DIVISION OF	160. V {Y	VAS DECEASED I ES, NO, OR UNKNOW! NO	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)		IAL SECURITY N 20-5321	10.	Mrs.		ine I	eta :	ADDRESS Fitch		Kno	b Hil	l Ct.
ORDS, 201 W. PRESTON ST., B E EXECUTED WITHIN 24 HOUR DIOG". IN PENCIL IN ITEM 18, DIOAL EXAMINER ALONG WI 5 A BURIAL - TRANSIT PERMIT. I ITH AND MENTAL HYGIENE, DI EMATION, OR REMOVAL.	Z	gave rise cause (a) st lying cause	, if any, which to immediate toting the <u>under-</u>	DUE TO, OR	inual as a con	SEQUENCE OF										
BIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXECT RITING THE WORD. "PENDING". REDED TO THE CHIEF MEDICAL E.S. SHOULD BE USED AS A BUR E. DEPARTMENT OF HEALTH ANI OI PRIOR TO BURIAL, CREMATIN	CERTIFICATION	190. DATE OF C	CAUSE WAS			est. DAY YEAR				D LENTERNAT	URE OF INJU	RY IN ITEM 18	PART I OR I		AUTOPSY?	№ □
2448£	MEDICAL	21d. INJURY OC WHILE	G CAUSE OF	P.M. 21e PLACE C STREET, FACTO	4/16	19 81 (AT HOME,	21f LOC	ATION	trang leigh		e, Tow	, son,	Bal	COUNTY TOCO1	unty,	MD
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STA		22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT	AME	e of the remains described by the second of	Accident R.	Guard,	M.D	Hamic	istan	Undetern		nner .		E &	4/18/ 01	81
Bb	23a. B		ON, REMOVAL 2	3b. DATE 4-21-198	1	Dulane	TERY OR	CREMATO	ORY	23d. LOCA	ATION	ville	cc	YTHUC	ryla	nd
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	UNERAL DIRECTO NAME K TOWSO		ADDRESS al Home, I	nc. 7	1050 Yo	rk !	Road	ADD 9	1 19:	GISTRAR	25b 25 G	ISTRAR	will	URE	

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APRILIBILITY CARPATA

			STATE OF MARYLAND	12 A 6
6	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9 3 4 0
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME A BERTH	A LO A E KNOWN W	1- 11 -
26 8 8		BEULA		1961 A M
STR	3. SE	nale White	5. DATE OF BIRTH MONTH DAY YEAR June 15 1909 6. AGE (IN YEARS) AGE (IN YEARS) F UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 4	A YEAR 2d. HOUR
NO NO		RTHPLACE (STATE OR	June 15 1909 72 yrs. MONTHS DAYS HOURS MIN PRODUCTED 4	1981 A M
NECESS RESTON WITHIN	Ha	rrison, N.J.	USA WIDOWED DIVORCED Baltimor	e County MD.
DELAY IS NE TO THE FUI N PAGE 5 BE FILED, W	10. C	iddle River 212	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WILL) 120. USUAL OCCUPATION (TYPE OF WILL) FOR MOST OF WORKING USE OWNER - OPERACOR	Restaurant
AB. 21201 TH. IF ANY DELA 1, 2, AND 3 TO M. 3. RETAIN PA 5, 2 SHOULD BE FRORDS, 3	13a. S	RESIDENCE (IF IN NURSING HOME O TATE 131, COUN' Aryland Balt	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY IMOTE NIGHT TOWN YES NOTE NOTE 134. INSIDE CITY LIMITS? YES NOTE NOTE 132. SPEET MODES NOTE 134. INSIDE CITY LIMITS? YES NOTE 134. INSIDE CITY LIMITS?	. Apt C 21220
D. 2	14. F	ATHER'S NAME	15 MOTHER'S MAIDEN NAME	LAST
E, MD	7	Emil C.	Bagge Mary Louise Elliott	
BALTIMORE, MD. JURS AFTER DEATH. B. GIVE PAGES 1, WITH FORM PM. T. PAGES 1 AND 2 DIVISION OF CITA	16a. \	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	ayner Rd 21221
5, 301 W. PRESTON ST ECUTED WITHIN 24 HC 3" IN PENCIL IN ITEM 1 AL EXAMINER ALONG BURIAL-TRANSIT PERMI AND MENTAL HYGIENE.		PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a) stoting the <u>under-</u> lying cause last.	y one cause per line (p) (o), (b), and the DBY: ECAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).	ARTWEN CHISET AND DEATH
TAL RECORDS, 3 HOULD BE EXEC RD 'PENDING". CHEF MEDICAL USED AS A BUI OF HEALTH AND AL, CREMATION,	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
DF VITAL ATE SHO WORD THE CHIE D BE US VENT OF BURIAL,	E			YES NO
CERTIFICATE SI TING THE WOOD THE OF S 3 SHOULD BE DEPARTMENT OPPION TO BE		216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	OR PART 2)
DIVISIO BY THIS CERTIING FE, WRITING RWARDED T PAGE 3 SH STATE DEPAI	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN	COUNTY STATE
XAMINER: ERTIFICATION INC. BE FOI INC. WITH THE SARYLAND, 2			Olypuses Accident Swicide , Homicide . Undetermined manner .	ATE 4/7/81
TO MEDICAL E EXECUTE THE PAGE 4 SHOU ATTE FUNERAL I BAITMORE, M.	1	EXAMINER'S NAME K.S	ADDRESS 2112 (Trace of R	to belt 2122.
Bb 8 A D A A B A D A A B A D A A B A B A B A	d	URIAL, CREMATION, REMOVAL	21. NAME OF CEMETERY OR CREMATORY 21 LOCATION BUILDING Mary	
DHMH - 17 (VR A15 ME (5))	-	UNERAL DIRECTOR	256. DATE REC'D. BY REGISTRAR 256. REGISTRA AVE. APR 9 1981	'S SIGNATURE'
15M7/77	- DI	uzdzinski Tuner	al Hara 1407 Old Eastern Ave. APR 9 1981	

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5/1/81

Leonard J Ruck Inc. Baltimore, Maryland

Parkwood

- STATE

REGISTRAR

Burial

DHMH-16 30M 2/80

(VRA 15, 4)

L DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

dd State

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APPROXIMATE INTERV

Same

YES [

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

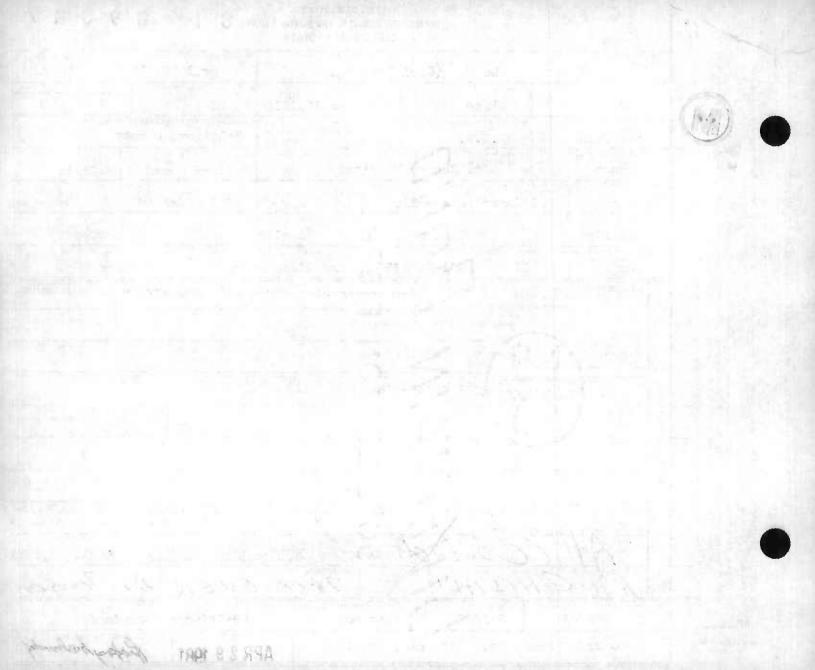
22c DATE SIGNED

April 28,1981

STATE

8:55p

IF UNDER 24 HRS



MARYLAND STATE DEPARTMENT OF HEALTH

APRIL A 1981 Links of Contract

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH 7:45 TYPE OR PRINTS Lillian 22 81 M Lewis 4 RACE White 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS female MONTH YEAR c/a/u/c/a/s/i/a/h 29 01 79 76. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Baltimore County Maryland WIDOWEDS DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pikesville. Chief of mail & Rec. Pikesville Nursing Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
113c. CITY OR TOWN 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 1806 Ramblewood Rd Baltimore YES X Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William. Lafferty Louise Youngheim 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Blanche McCarron 1806 Ramblewood Rd 215-14-9605 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c multiple- recurred PART I. DEATH WAS CAUSED BY trokes IMMEDIATE CAUSE (a tsevi gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM ETC.)

AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from (did) (did not view the body ofter death

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING . MEDICAL

AROLD

22e ADDRESS 7220

230 BURIAL, CREMATION, REMOVAL Burial

4/25/81

23c. NAME OF CEMETERY OR CREMATORY Parkwood

Bakkk Baltimore, Maryland

24 FUNERAL DIRECTOR

FOR

- STATE

Leonard J Ruck Inc. Baltimore, Maryland

23b. DATE

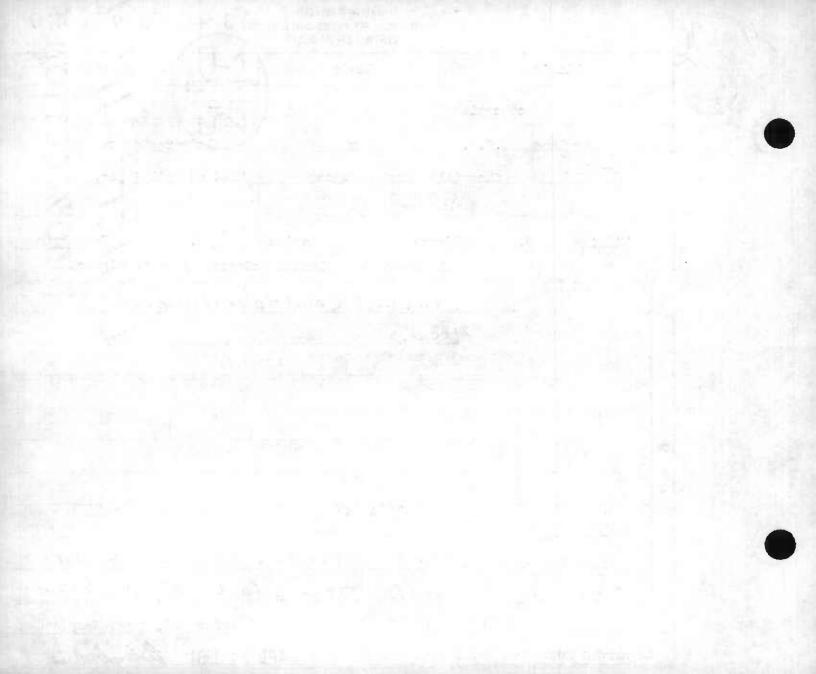
250. DATE REC'D BY REGISTRAR 25 HE

PHYSICIAN DIRECTOR PHYSICIAN

BP DHMH - 16 50M 1/81 (VRA 15, 4)

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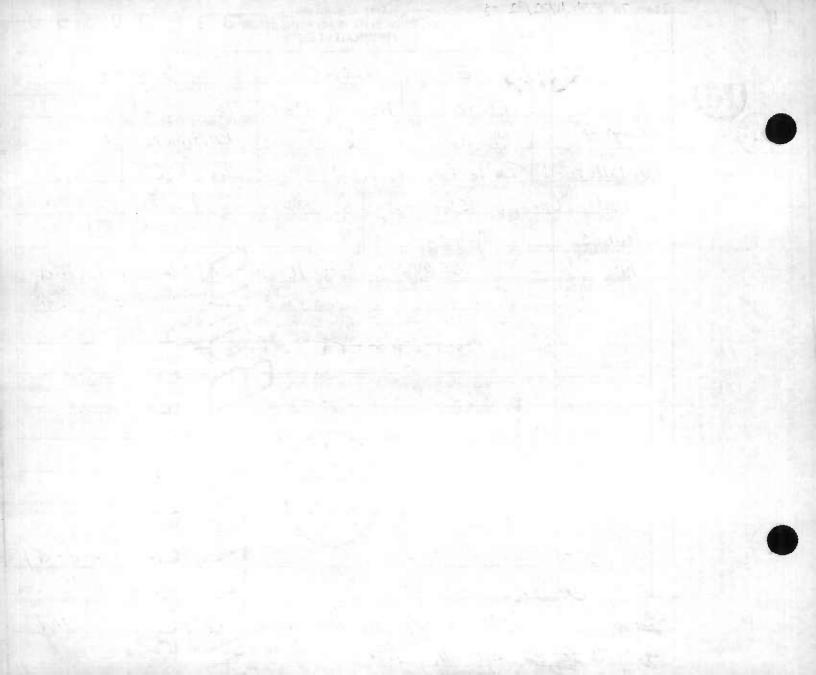


\ /		E OR PRINT)	MIDDLE	LASI	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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		Female	White	NOV. 10 1904	1 7/	MONTHS DAYS HOURS MIN
9×.	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	9 BALTIMORE CITY O	R COUNTY OF DEATH
F 99	1/	Maryland	11.5 A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Bolton	see Asinty.
9	10. C		11. NAME OF HOSPITAL, NUI	WIDOWED DIVORCED	120 USUAL OCCUPATION	ON 12b, KIND OF BUSINESS O
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vent		PART I. DEATH WAS CAUSE		neoleratio tro	art dis Cas	
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tro		gove rise to immediate)		CHURKI	
other other		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF		4 caro
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200	Z	PART Z. OTHER SIGNIFICANT C	Di Contributing	TO DEATH BUT NOT RELATED TO THE TE		DITION GIVEN IN PART 1101
ony in	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
	F	TAL DATE OF OFERALION	The condition for the	TOTERATION WAS TENTORMED		IN CERTIFYING CAUSES OF DEATH?
shows	FE	71n. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tal. How Millipy occ	YES NO	YES NO
Mentol Hygiene or Item 18 shows		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
or item	ŏ	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211. LOCATION STREET	CITY OF TO	VN COUNTY STATE
morked	1	AT WORK NOT WHILE AT WORK			-1 4	
S H C		22a I certify that (1) (this hospit	(a) offended the deceased fro	m_3-18-19_0	10 4 -	. 19 3 / , that (I) (we) lo
21	Į.	saw the deceased alive on above (1) (we) (did) (did) ag	t; view the body ofter death.	ond that in (my) (our) opini	of death accurred on the do	te and hour and from the couses stated
1	1	226 SIGNATURE	0 0	DEGREE		22L DATE SIGNED
2 2		Stone	chul Ho	ATTENDING PHYSICIAN		who 4-8-81
A A	1	324 PHYSICIAN'S NAME THE OF	EPERT)	22e ADDRESS	- El enector El timbre	1
MPORTANT	ı	SOON CHU	L HON	at Ballinion	· Country	general Hospit
13-	73e.	BUBIAL CREMATION, REMOVAL	23h DATE 2	IL NAME OF CEMETER'S OR CREMATOR		
	1	Burnel	4-11-81	Zarraine Park lam	true Tours	COUNTY MANGE
	24.1	UNERAL DIRECTOR	11 11 91 1	promise Fair Cent	DATE REC'D BY REGISTRARI	SN AEGISTRARY STONATURE
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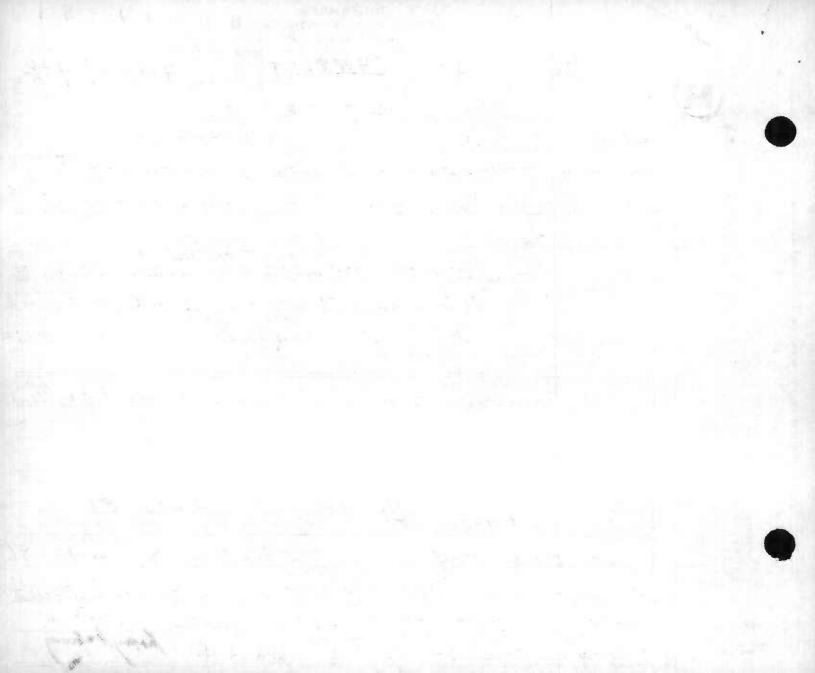
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
CERTIFICATE OF DEATH

REG. NO

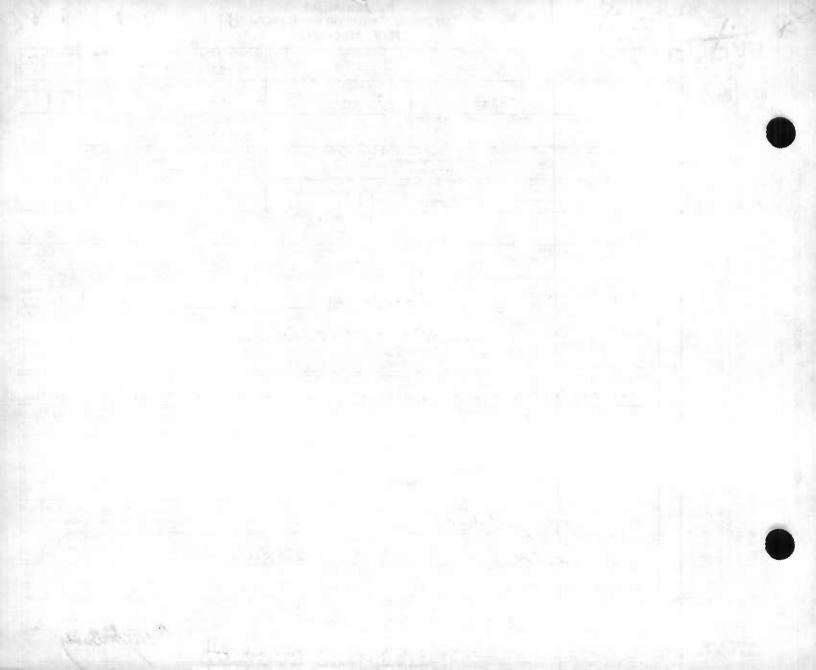
Item 7a g554 4/21/81 gj
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REGISTRAR



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pe 3		ORPRINT)	4	AA.	Li	EREKERT	2a. DATE OF DEATH	4-13	- JEAR	920
moy the moy	1 SE:	Κ	4. RACE		5. DATE O		6. AGE (IN YEARS LAST		IF UNDER 1 FEAR	F UNDER /4 HRS
ge 4	.1	Male	Whi	te	Aug.	1. 1903	77	YRS.	ONINS DAYS	HOURS MIN.
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s ofter o		TY OR TOWN OF DEATH Randallstown	(IF NOT IN SL	CH FACILITY, GIVE STREET	ADDRESS)	rotherinstitution eral Hospita	120 USUAL OCCUP. (TYPE OF WORK FOR MO: Carpente	T OF WORKING LIFE	126. KIND OF INDUSTRY #101	Carpenter union
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thir stell	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N			LAST	
p Ide USA		George W.	_			Anna B	- 1	sen	LASI	
Pages 1		VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANTMYS.	Mildred 18	eckert		21207
s. Page		No -		215-05-9	088	7908 Dunhil	1 Village C	r. Apt.	204 Bo	valto. MD.
e low requires that the death certific n. n. nos been signed by the attending phy permit. Then please remove carbon prine prior to burial, cremofilian, or rema ws ony injury, or other traumatic even	CERTIFICATION	PART I. DEATH WAS CA PART I. DEATH WAS CA PART I ON THE COUNTY OF THE CAUSE (a), stating the county of the count	DIATE CAUSE (0). DUE TO, (6). DUE TO, (6). AT CONDITIONS CONDIT	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO I DITION FOR WHICH	ENCE OF	000 -	MINAL DISEASE OR CO	20b. IF YES, IN CERTIFY	onl	Waef
AN: Th hhysicio ficate I fronsit I Hygie 18 sha	CERT	210. ACCIDENT WAS UNDERLYING	1100110	OF INJURY	. V. V. A. D.	21c. HOW INJURY OCCU				110
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NDIN SI or Use o Heolt		220.1 certify that (1) (this h	//////	he deceased fram_	4,-	<u>-9-, 19</u>	7, to 4	-/3-		that (I) (we) last
R ATTE hospite RECTO red for spt. of fem 21	1	saw the deceased aliv above, (I) (we) (did) (di	nat) view the bad	y ofter death.		d that in (my) (aur) apinio	n death occurred an the	date and haur		
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F 2 C 7 2	23a. E	SURIAL, CREMATION, REMO				METERY OR CREMATORY	CITY ON TOWN	/	EQUNE	Lun
BP	24 EI	Burial	4/16	781 La	ke Vi	w Mem. Park	Sykesvil ATE REC'D. BY REGISTR.		rroll	MD.
DHMH-16.30M 2/80 (VRA 15, 4)	87	UNERAL DIRECTOR Loris	ng Biers nd Randa	llstown,	recto MD.	21133 A.	(004	1004	7	and a



4	h	FOR = STATE REGISTRAR		DEPARTA	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0	9 3	5 2
		ECEASED NAME FIRST	MID	DLE	ı	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR 7
be 3 sath		Joseph	Howa	rd	Ma	ick	April 14,	1981		2:25
n. Page 4 may b director, page nours affected	3 5		4 RACE		5 DATE C	DAY YEAR	& AGE (IN YEARS LAST BIRT		NIHS DAYS	IF UNDER 24 HR
Page irrecto		Male	White		1/2	6/1905	76 YRS.			
hodin hou		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY O	R COUNTY	OF DEATH	
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mpletely	4 14 1	ATHER'S NAME FIRST James	WIDDLE	Mack		IS. MOTHER'S MAIDEN NAMERST	AE MIDDLE		Luthe	
an and correct Pages 1 a. the med		WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	N SOCIAL SECU		17 INFORMANT Richard C. Ma	ADDRE		Dunda	2122 lk Md
V: The law requires that the death certificate the has been signed by the attending physicia permit. Then please remove carbon papers. I piane prior to burial, cremation, or removal. 3 shows any injury, or other traumatic event	CERTIFICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR A DUE TO, OR A (c) CONDITIONS CON	AS A CONSEQUE AS A CONSEQUE ATRIBUTING TO C	NCE OF NCE OF	2 0 1		to it	N IN PART I (o	GS USED
ENDING PHYSICIAN: Thorstending physician. PR: After this certificate hase as the burial-transit permisealth and Mental Hygiene is marked or Item 18 sho	MEDICAL CE	214. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED	HOUR A.M. P.M. 21s PLACE OF	MONTH DA	Y YEAR	211 LOCATION				
TTENDI if or atte TOR: A use as t Health 21 is ma	ME	WHILE NOT WHILE AT WORK 22a certify that (I) (this hosp sow the deceased alive or	ital) attended the	decepsed from		STREET 19	CITY OR TOV	1		hat (I) (we) la
TO HOSPITAL ON ATT retained by the hospital TO FUNERAL DIRECT should be detached for us with the State Dept. of		obove, (I) (we) (did) (did no 27% SIGNATURE 274 PHYSICIAN'S NAME (TYPE C Satpal Dang,	or) view the body of			DEGREE ATTENDING	MEDICAL STAI DIRECTOR PHYSIC	F	274 DATE S	1981
To To Shouth With	23a.	BURIAL CREMATION, REMOVAL		23c. N	IAME OF C	EMETERY OR CREMATORY	1234 LOCATION			
BP		(SPECHY) Burial	4/18/19			Cemetery	Altoona		OUNTY	enna.
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR NAME alter Brooks Br		ADDRESS		21222 APR	2 0 198	RECOSTR		RE



Baltimore-Md

STATE OF MARYLAND

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------ 715-14-1895 trace #. adden 2512 hatten ave 22244

Phoed Peneral Homes, Inc. 7110 Del Fild

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FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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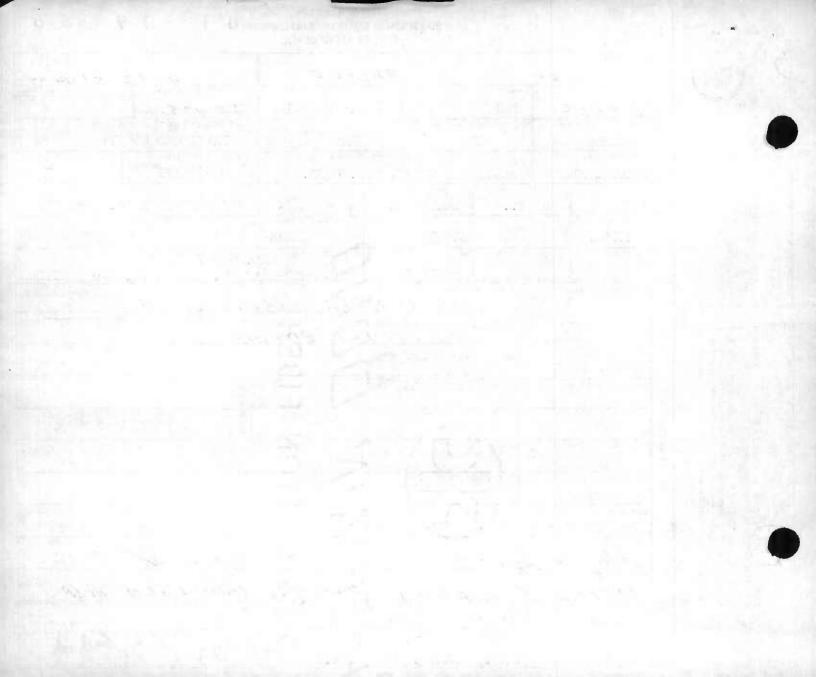
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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	REGISTRAR			CEKIII	ICATE OF DEATH	REG. 1	10.				
1. D	ECEASED NAME FIRST PE OR PRINT)		MIDDLE		LAST	20 DATE OF DEATH		DAY	YEAR	2:44 PM	
	DORF)	1	MA	LOFF		4 1	5	81	14.44 M	
3. SI	EX	4 RACE	1		OF BIRTH	6 AGE (IN Y & GLAST B	RTHDAY)	MONT	DER I YEAR	IF UNDER 24 HRS	
	FEMALE	WHITE	ÄPR. 15,1901			7x9x 402	5 - YRS			MIN.	
7 7a. 6	COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
	RUSSIA			WIDOW	EDIXX DIVORCED	BALTIM	ORE C	OUN	ГҮ	MD.	
10 (RANDALLSTOWN	11. NAME OF (IF NOT IN SUC BALTII	HOSPITAL, NURSING CH FACILITY, GIVE STREET ADI MORE COUNT	HOME (N. HOSP.	12ª USUAŁ OCCUPA (TYPE OF WORK FOR MOST HOUSEW			DUSTRY	HOME	
13e.			GIVE RESIDENCE BEFORE AD 130 CITY OR TOWN BALTIMOR	E	13d. Inside City Limits?	13e STREET ADDRESS 812 SMOK	ETREE	RD	. #	21208	
14 F	SHMUL	WIDDLE	HARR IS		15. MOTHER'S MAIDEN NA	AME		UNI	KNOWÑ	ST V	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURI		17 INFORMANT MF	RS: SANDY K	LÜPT				
	(YES, NOOR UNKNOWN) (IF YES, G		214-74-2	688	8218 ARROWHE		BALT	0	MD	21208	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one cause per	line for (a), (b), and (cl.					BETWEEN	MATE INTERVAL ONSET AND DEATH	
CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	R AS A CONSEQUEN ONTRIBUTING TO DE. ITION FOR WHICH OF	CE OF	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	'ES, WE TIFYING YES [RE FINDING CAUSES	OF DEATH?		
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DAY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18	B PART 1	OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19							
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE FAR/	M, ETC }	211 LOCATION STREET	CITY OR T	NWC	(COUNTY	STATE	
	220.1 certify that (I) (this hosp sow the deceosed alive or above, (I) (we) (did) (did no	1	19		nd that in (my) (aur) apinion					that (I) (we) last couses stated	
	226. SIGNATURE	n new the body	one: dedin		DEGREE				22c. DATE	SIGNED	
	HALERE P	Grada	(1)		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 4/15/8						
	HALEE 2	P S	(EDm.)		BALTIMORE	COUNTY	SE,	N	Hos	sp.	
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 4/17/	81 WO	RKMI	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN BALTI	MORE	cou	MAR	LAND:	
24. F	UNERAL DIRECTOR SOL	LEVINSO	N & BROS.,	INC	25d. D'A	TE REC'D. BY REGISTRAL	25\ A.G.	STRAR'	S IGN	URE	
	6010 REISTERSTO	OWN RD.	BALTO.,	MD	21215 API	R Z Z 1981				and the same of th	

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

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and a place of the parties of the delication of the state
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) AMY MANTHE I G. 181 9 12 . 404 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR SEX FEMALE WHITE 101 14 80 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED coulowa U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON GBMC -6701 CHARLES ST. ExecSecretary University USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 136. CITY OR TOWN 13e, STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland 300 Stevenson Lane 21204 NO A 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Gustafson MIDGLE Axel Hulda Carlson ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Pages (YES, NO OF UNKNOWN) 322-22-4413 Barbara M. Myrick 256 Stanmore Rd 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST 20 MINUTES BREASTOUCARC INOMA 2 YEARS Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ital CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [71n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 8 OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from 19 8 saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 4-9-81 ATTENDING MEDICAL DIRECTOR PHYSICIAN X PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should be MICHAEL B. GRIECO GBMC-6701 N. CHARLES ST.

23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

Mitchell-Wiedefeld Home 6500 Tork Rd 21212

4-11-81

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

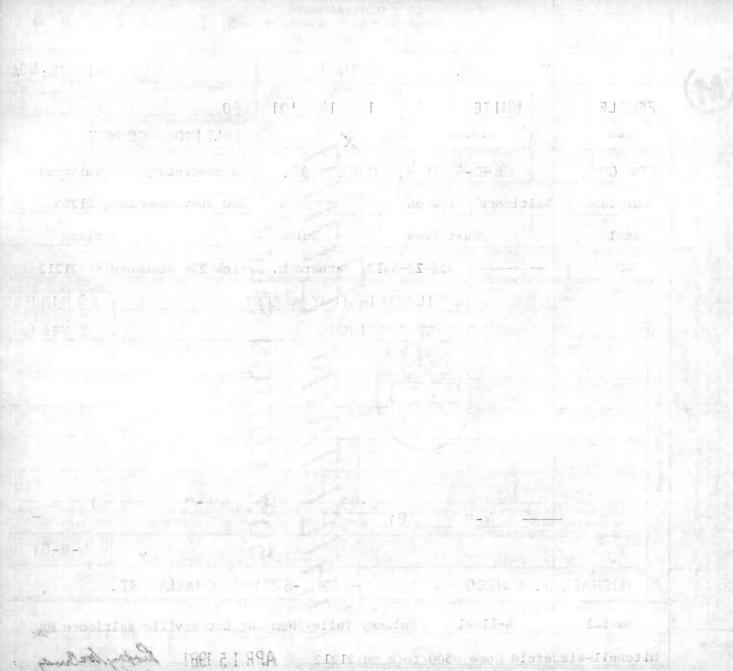
Burial

24 FUNERAL DIRECTOR

Dulaney Valley Nem Gar Lutherville Baltimore Md

23d. LOCATION

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



10	FOR STATE REGISTR	AR		STA DEPARTMENT OF DICAL EXAMIN		ND MENTAL HY		0 9 REG. NO.	3 5	9
ASE OR. IES.	1. DECEASED (TYPE OR PRINT)	TA	omas	MIDDLE	MA	RION	DEATH M	ATED #	29 19 81	26 HOUR 257 M
Y, PLE, UR FILL 22 HOUR FILL	3. SEX Male	4. RACE White	Jan 26,19	YEAR 6. AGE (IN Y LAST BIRTHI		1 YR. IF UNDER 2	MIN PRONOUNCE DEAD	MONTH ED	28 10 CI	24. HOUR
S NECESSARY, PLEASE E UNERAL DIRECTOR E S FOR YOUR FILES. TO WITHIN 72 HOURS W RRESION STREET.	70. BIRTHPLAC	E (STATE OR NTRY)	76. CITIZEN OF WE	HAT COUNTRY?	8. MARRIED	□ NEVER MARRIE		E CITY OR COUN		1
Z E O E O	Michig MCITY OR TO	OWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOW CILITY, GIVE STREET ADDRESS)			120. USUAL OCCUPA FOR MOST OF WORKIN	G LIFE)	12b. KIND OF BU OR INDUST	USINESS RY
RD B B B B B B B B B B B B B B B B B B B		NCE (IF IN NURSING W	Baltimo ME OR OTHER INSTITUTION, GIV DUNTY	ve residence before admiss	SION)	The state of the s	Engineer 13e STREET ADDRESS		Design	
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		exander EASED EVER IN U.S	Mario ARMED FORCES? Give war or Dates)	16b. SOCIAL SECURI	TY NO. 17. I	Mathi INFORMANT		uri ADDRESS Balt	imore,	Marvlan
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■ SPESS /	O N	E OF OPERATION		TION FOR WHICH OPE			1 (0).		2D. AUTOPSY	? NO 🔏
NOF V THE WC OU THE OO THE STMEN)		ERNAL CAUSE WAS	OF DEATH P.M	MONTH DAY YEA	AR .) (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA		
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XAMINES ERTIFICAL LD BE FG HRECTOR WITH THE RYLAND,		resulted from	harge of the remains des		Autopsy [uicide],	Inspection Homicide	Undetermined monr	DATE	4/29	181
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Bb——BATTAR	(SPECIFY) Bt	emation,remov. uri al	May 2, 8		METERY OR CR	ery	23d LOCATION CITY OR TOWN Baltimo		land	TATE
2/3/DHMH-17 (VR A15 ME (5)) 30M 7/73	24. FUNERAL	DIRECTOR Funera	Homes, Interess	7110 Bo Baltimore	elair Road e, Md.	25e. DATE RI	1 1981	25b. REGISTRAR'S S	GNATURE	4

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10	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH AND MI CERTIFICATE OF DE	ENTAL HYGI		0	9 3	6 0	
	1. DE	CENOED INDIVIE	RST	MIDDLE	LAST		20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	
9 T 6	(TYPE	OR PRINT)	James Br	oaBdus Ma	rtin			April	25,1981	9:30A M	
ò. (44M)	3. SE	X	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
A BOOM		Male	WHit	e	May 7,1901	YEAR	79	YRS.	MONTHS DAYS	HOURS MIN.	
Pog in it	7a. BI	RTHPLACE (STATE OF FORE	IGN 76 CITIZEN C	OF WHAT COUNTRY?	8 MARRIED X NEVER MA	ADDIED [9 BALTIMORE CIT		OF DEATH		
erol orth.		Maryland	USA			ORCED T	Baltimore County				
ed for		TY OR TOWN OF DEATH	11. NAME C	OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTIT	TUTION	126 USUAL OCCUI	PATION	12b. KIND O	F BUSINESS OR	
by the full defined with		Towson	(Josephs Ho			Mgr. Din	ing Car		road	
in b		AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTI	ON, GIVE RESIDENCE BEFORE	ADMISSION)	DV LIMITED	Dept.				
ND 24 h			COUNTY Baltimore	Rodgers		NO X		ester A	ve.		
rthin thin 2 sha	_	ATHER'S NAME			15 MOTHER'S	MAIDEN NAM	ΛE				
Jamin		Frederick	T. Martin	LAST		PST Co	rtrude Si		LAS	T	
K com a com	160	WAS DECEASED EVER IN						DDRESS			
MORE, nond or Pages	(FYES, GIVE WAR OR DATES				:- 0	0.000			
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death death offend ooffend sove co		Conditions, if ony, w		0.7.	well of i	27		-	_		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours ottending physician. When this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill than demanal Hygiene priar to burial, cremation, ar remaval.		couse (a), stating	the DUE to	OF A CONSEQUE	Cafas i	las	Pat.	an .			
quires 1 quires 1 signed hen ple te buric niury, a	Z O	PART 2. CITHER SIGNIFI	MT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED T	TO THE TERMI	INAL DISEASE OR (ONDITION GIV	VEN IN PART 16	0 '	
nas beer ne prior ne prior	CERTIFICATION	19a. DATE OF OPERATIO	N 196. CO	DITION FOR WHICH	OPERATION WAS PERFOR	RMED	206 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES		
iTAI	FR	216. ACCIDENT WAS UNDERL		E OF INJURY		URY OCCURR	ED (ENTER NATURE OF				
DF VITA JAN: TI physicia Infransi Ind Hygin In 18 sh		OR CONTRIBUTING CAU	SE OF DEATH HOUR								
ON OF HYSICIA ding pl is certif burial-t Mental ar frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED		P.M. CE OF INJURY	19 211. LOCATION	N					
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TTEN TOR For u		saw the deceased	olive an	24/19_	, and that in (my) ((our) apinian d	deoth accurred an t	he date and ho	ur and from the	causes stated	
R ATTI hospit IRECTC hed fo ept of them 21		224 SIGNATURE	THIS PART THE DE	Z.	DEGREE				22L DATE	SIGNED	
0 0 0 0 0		Thomas	. (/	Do	to his AT	TTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	4/2	18/27	
	-	22d. PHYSICIAN'S NAM	-		22e. ADDRESS		1		01	/	
0 % 5 7 F W	1	m	T 7 T		16300	N.	Char	Ste.	7.		
TO Horal Shaul with IMPO	220	Francis BURIAL, CREMATION, REA		1 224	NAME OF CEMETERY OR CI	REMATORY	23d LOCATION				
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BP	74 F	UNERAL DIRECTOR	Tapr.		ulaney Valle	25a DATI	Cockeys E REC'D. BY REGIST			WHE THE	
DHMH-16 30M 2/80 (VRA 15, 4)		NAME			500 York Rd.	600		Tink	my Mals	sooly	
		MITCHELL-Wie	edeteld Ho	me, inc. I	Baltimore, Md	LIHEK	6 7 1301		/		

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		CEASED NAME FIRST	WIDDLE		LAST	REG. NO. 2a. DATE OF DEATH MONTH D.	AY YEAR	2b. HOUR
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Ellan	3. SE	X	4 RACE		OF BIRTH	/	FUNDER I YEAR	IF UNDER 24 HRS
TANK?	ľ.	MALE	BLACK	MONT 7	BAY YEAR 17	64 YRS M	ONTHS DAYS	HOURS MIN
20-		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	UNTRY?	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH	
F 353		VIRGINIA	U.S.A.	WIDOW	2020	BALTIMORE COUNT	TY	N
within	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12h KIND O	F BUSINESS C
S S S		RT HOWARD	V. A. MEDIC	CAL CENTE	R	aborer	Ste	2
ald be fin	13e :	AL RESIDENCE (IF NURSING HOME OF	TISC CITY O	NCE BEFORE ADMISSION) OR TOWN PIMORE	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1416 GAY STREET		
shou		ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
200 g		James		LSOM	Maggie	MIDDLE	TULE	
1 0		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRESS	14/5	/
Pages Pages		YES, NO OR UNKNOWN) (IF YES, GIVEN	E WAR OR DATES	05 6629	CLINICAL REX	CORDS, VAMC, FORT	HOWARI	O. MD
pers. P pval. event,						, , , , , , , , , , , , , , , , , , , ,		MATE INTERVAL
		11 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		PIRATORY	FAILURE			URS
carbon pa on, or rem traumatic		1991 IMMEDIA	E CAUSE (0)		1 111101111		0 110	70110
		Canditians, if any, which	DUE TO, OR AS A CO	ASTATIC C	ANCER. PIIIMOI	NARY TUBERCULOSIS	J. VE	EARS
emati		gave rise to immediate cause (a), stating the	(0)		I OLLIO	TODELO GOODED		HILLO .
9 5 6		underlying cause last	DUE TO, OR AS A CO		and the same of th		1	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF D	EAIN	R	EG. NO.		
		CEASED NAME FIRST GER	RALDINE AMANDA		OMAS		APRIL		1981	26. HOUR 11 PM
1	3 SE	х	4. RACE	S DATE O	NE RIDTH	YF AR	6 AGE (IN YEARS			R IF UNDER 24 HRS
.dl		FEMALE	MPOTE	12 MONTH	4 ^{DAY}	1 24	66		YRS.	
20		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTI	RY? 8	D NEVER M	ARRIED -			UNTY OF DEATH	
0		W. Va.	U.S.	WIDOWE	DIV	ORCED	Balt	imore	County	MD
6		Towson	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STA Greater Baltin				120. USUAL OCC (TYPE OF WORK FOR	MOST OF WOR	KING LIFE) INDUSTRY	of Business OR
35	13a. S	STATE No COU	OR OTHER INSTITUTION, GIVE RESIDENCE BE INTY 131. CITY OR TO	OWN	13d INSIDECI YES 🔀	TY LIMITS?	13e. STREET ADD		y Road	
20	4	ATHER'S NAME FIRST SPILON B	MIDDLE CANSON Grove	ES.	Tr.	MAIDEN NAM	MI	DDLE	Frankha	MSET
2		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SI IVE WAR OR DATES) 212-05-		Ws. Eli	SUPERPY (134-4516 0. Burley	ADDRESS 4118	WPIKINSON E de GACE,	MY 510,18
3		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), ED BY: ATE CAUSE (a)		ic lymp	homa			APPRO. BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE							
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OF	CONDITIO	N GIVEN IN PART 1	(0:
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	n was perfor	RMED	20a AUTOPSY YES 🔼 NO	? 20b. IN 6	IF YES, WERE FIND CERTIFYING CAUSE YES (**)	
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE		DAY YEAR	21c. HOW INJ	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN IT	EM 18, PART I OR PART 2)	
,	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC)	21f LOCATIO STREET	N	CII	TY OR TOWN	COUNTY	STATE
		220.1 certify that (I) (this hasp	pital) attended the deceased from		/14 nd that in (my) (_, 19 <mark>81</mark> (<u>au</u> r) opinion d	, to <u>4/23</u> leoth occurred or	the date or	19.81 nd hour and from the	, that (I) (we) last e couses stated
		174 SIGNATORY C	·K-		DEGREE A P	TTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF		E SIGNED /24/81
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS					
		Charles C. I	Brown, M.D.		6701	N. Char	rles St,	Tows	on, Md. 21	1204
7	230. 8	BURIAL, CREMATION, REMOVA	1 236. DATE 27 1981	30 NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO	N		

Williams Sto

W. Broadway & W Bed Arr Maryland

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MPORTANT: If Hem 21 is marked or Hem 18 shaws any

24. FUNERAL DIRECTOR WILLIAM FOSTER

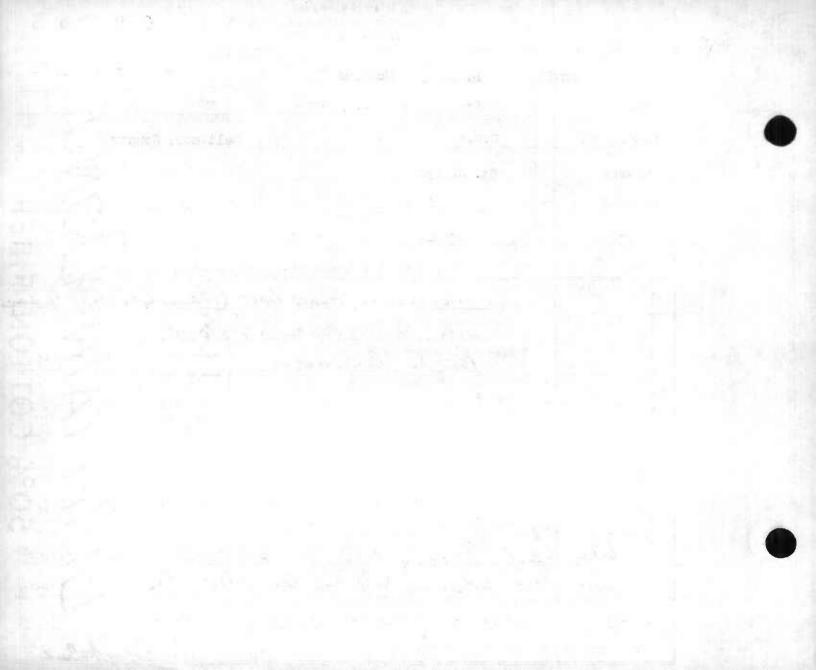
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STATE OF MARYLAND

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er de fui	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
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1 W. P hat the by the ose rer ol, crem		couse (a), stating underlying couse I		PORTAL	NCE OF	RR HOS LS			10+	yrs.
gned an plea		PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	n -
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Ibw requests been single been	S S	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V		
he hos	1						YES NO	YES [_	NO [
VII VSICION CONTRACT SANGER A S S S S S S S S S S S S S S S S S S	l H	210. ACCIDENT WAS UNDERLY			VEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
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VISI G PI orther and ked	2	WHILE NOT WHILE	[AT HOME STI	REET FACTORY, OFFICE, F	ARM ETC)	STREET	CHIOCH	/WN	COUNTY	STATE
Aft Aft Month		220.1 certify that (I) (the	- hospital) attended th	e deceased fram	9	-19 19 76	1 to 4-	19- 19	81	hat (I) (we) last
TEN TOR or u		saw the deceased a	live an	1-19 19 6	, 01	nd that in (my) (or) apinion	death occurred an the d	ate and havr a	nd fram the o	auses stated
R ATTI hospit RECTO red for rept. of tem 21	1	226. SIGNATURE	(did not) view the body	after death.		DEGREE			22c DATE	SIGNED
the Dod		alm	Co. 0	71.0	N	ATTENDING	MEDICAL STA	.FF	4-	19-21
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5 5 5 5 5		SURIAL, CREMATION, REA	MOVAL 236. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		OUNTY	STATE
1/0/ BP		remation	4/21/1	L981 G	reen 1	Mount Cremato	ry Balti	more		Md.
DHMH-16 30M 2/80		INERAL DIRECTOR		ADDREC*			ATE REC'D. BY REGISTRAF	256. REGISTRA	R'S SIGNATI	JRE
(VRA 15, 4)	Wa	lter Brooks	Bradley In	nc. Balto	Md :	21222	PR 2 2 1981	right	my Ska	Bready



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Ann Metzler DEATH MATED Maru 4. RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED Aug 25,1900 80 White DEAD Female FF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR WITH FEATH PAGE 1, S. AND 3 OTHE FUNERAL ED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W, PRESTITAL CREMATION, OR REMOVAL. 7m. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County U.S.A. WIDOWED K DIVORCED Maruland ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Tabco Towers 305 E. Joppa Rd Towson USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 305 E. Joppa Rd NO A Baltimore Towson Maruland 14. EATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Unknown FIRST Lumsden 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIEYES GIVE WAR OR DATEST Mr Alexander R Martick 511 Equitable Bldg 213-01-0143 No 18. CAUSE OF DEATH (Enter only one cause per line ! PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION PAGE 3 SHOULD BE USED AS, TATE DEPARTMENT OF HEALT 21201 PRIOR TO BURIAL, CRE 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES NO [EXECUTE THE CERTIFICALE, WRITING TITE, TO PAGE 4 SHOULD BE CROWARDED TO THE CY OF LANGESTORE, PAGE 3 SHOULD BE AFIER DEPARTMENT (AFIER DEPARTMENT OF BUILDINGE, MARYLAND, 21201 PROR TO BUILDINGE, MARYLAND, 21201 PROR TO BUILDINGSE, 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Natural causes Suicide Undetermined manner York Rd 7501 Towson, Maryland Charles F O'Donnell EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation STATE Greenmount 5/2/81 Baltimore, Maryland BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Leonard J Ruck Inc. Baltimore, Maryland ton Malrody (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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,	1	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	10.			
		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE O	FDEATH	MONTH	DAY	YEAR	2b. HOUR
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۱	3. SE	x		4 RACE		5. DATE C		YEAR	6 AGE (IN)	YEARS LAST BE	RTHDAY)	MON1HS	ER I YEAR DAYS	IF UNDER 24 HRS
	F	emale		White		7	20	12	66		YRS.	MORTING	DATS	HOURS MIN.
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10	18/C	TY OR TOWN OF DE	ATH		HOSPITAL, NURSI	NG HOME C			12a. USUAL	OCCUPAT	ION	12b	KINDO	F BUSINESS OR
X	/	Towson			HEACILITY, GIVE STREE	T ADDRESS)			ACCOUR		OF WORKING			State
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4		laryland	Balt	imore	13c CITY OR TOV		13d. INSIDE CI	NO X	13e. STREET		sbury	Roa	Б	
	14. FA	THER'S NAME						MAIDEN NA			DECLY	2100		
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		Conditions, if on- gove rise to in		(b)	INTRI	TUER	EBRAL	- BL	CED	10	VIT)	-	0	DAYS.
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	CERTIFICATION	19a DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	20a AUTO	DPSY?	20b. IF Y	ES. WER	E FINDIN	IGS USED
7	FF								YES 🗆	моП		IFYING	CAUSES	OF DEATH?
-	ER	21a. ACCIDENT WAS U	NDERLYING T	1 21b. TIME C	FINJURY		121c HOW IN	JURY OCCURE					PART 21	NO []
1		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH D				( ) ( ) ( ) ( )	TORE OF THE	381 111 112 111 12			
1	MEDICAL	(IF EITHER, NOTIFY MEE		P. 21e. PLACE	M.	19	211. LOCATIO	N						
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		AT WORK AT W	ORK -					05				0	5	
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			(Ded) (Make)	view the body	ofter deoth.		nd that in (	(our) opinion (	death occurre	d on the c	lote and he			
		22b. SIGNATURE	1	5	4.4		DEGREE	TTENDING	MEDICAL	STA	EE	2	₹. DATE	SIGNED
		Ken	ana	2000	100		F	HYSICIAN [	DIRECTOR					
1		T/h	NAME (TYPE O				22e. ADDRES		_					
-		NONGE	C 8 =	SECAD	A-LOVI	0,41	St.	Joseph	Hospi	tal				
	23n F	SUDIAL CREMATION	DE MACIVAL	23h DATE	23,	NIAME OF C	FAMETERY OR C	DEALATORY	234 100	ATION				

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MPORTANT: If them 21 is morked or them 18 shows ony

(SPECIFY Burial 4-15-1981 Dulane

Dulaney Valley

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COUNT

Mary Tand

24 FUNERAL DIRECTOR 1050 York Road 256 DATE REC'D. BY REGISTRAR Ruck Towson Funeral Home, Inc. Towson, Maryland APR 1 3 1981

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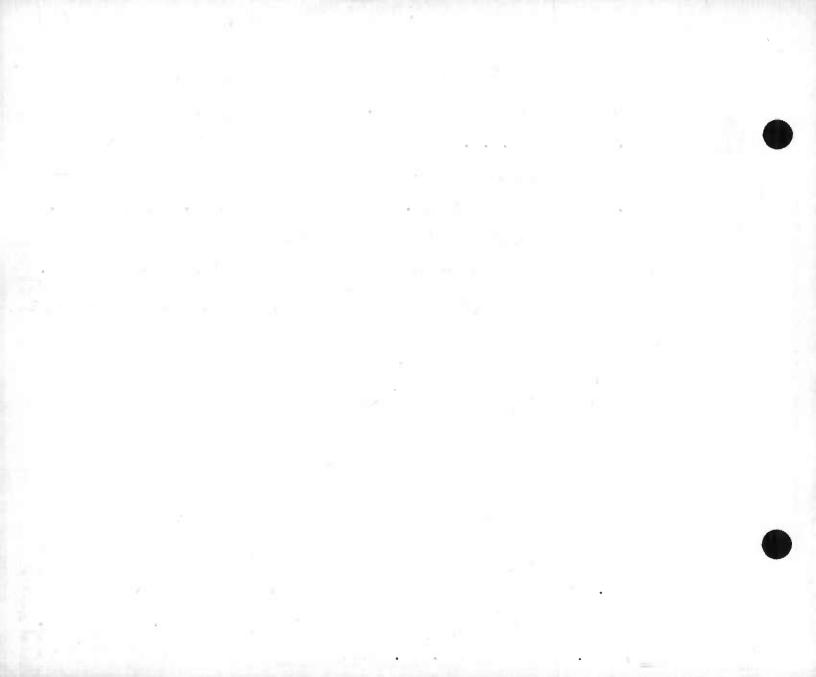
or

	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8   REG. NO	09369
2.3		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
deof			ght LaFa	yette Moore	April 26 19	
after, p	3. SE	x Male	4 RACE White	5. DATE OF BIRTH  MONTY-30-1900 YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
ral direct	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO			R COUNTY OF DEATH
within 7	10.0	Maryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED		re County MD.
Softlied will	10. C	Towson	(IF NOT IN SUCH FACILITY, G		Toolmake	F WORKING LIFE) INDUSTRY
age of the same		AL RESIDENCE LIF NURSING HOM	AE OR OTHER INSTITUTION GIVE RESIDE OUNTY 13c CITY	NCE BEFORE ADMISSION) OR TOWN 13d. INSIDE CITY LIMITS TEMORE YES NO X	5? 13e STREET ADDRESS	ns Ferry Rd 21239
ond 2 sh		ATHER'S NAME Frederick	MIDDLE	Moore Rusia	NAME	Hurley
Poges P		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	S. GIVE WAR OR DATES)	3-36-9687 Lucille B	Moore 6836 Que	
e attending physici move carban pape iotion, ar removal. traumatic event, th		Canditions, if any, which	DUE TO, OR AS A CO	(NOMINIOSIS JENENI	Thyroid	APPROXIMATE INTERVAL BETWEEN ONSE I AND DEATH  2 MONTHS  UMAN ANN
permit. Then please re ne prior to burial, crer ws any injury, ar ather	CERTIFICATION	PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  MALNUT  19a. DATE OF OPERATION	NI CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE T	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
P	- OC				YES NO	YES NO
is certificate burial-transit Mental Hygie or frem 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MON AINER) P.M.	19 211 LOCATION	CURRED (ENTER NATURE OF INJUS	TY IN ITEM 18 PART I OR PART 2)
SOT W	MEDICAL CER	OR CONTRIBUTING CAUSE O  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	F DEATH FOR A.M. MON AINER  210. PLACE OF INJURY (AT HOME STREET, FACTOR)	NTH DAY YEAR  19 Y Y, OFFICE, FARM, ETC.)  211, LOCATION STREET	CURRED (ENTER NATURE OF INJUR	YY IN ITEM 18 PART I OR PART ?)  WN COUNTY STATE
UNERAL DIRECTOR: After this certifica d be detached for use as the burial-tron the State Dept. of Health and Mental Hy RTANI: If them 21 is marked at them 18		OR CONTRIBUTING CAUSE O  (IF EITHER NOTIFY MEDICAL EXAN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this h  SOW the deceased alive abave, (1) (weyfdid) (did  22b. SGNATURE  22d. PHYSICIAN'S NAME (1)	HOUR A.M. MON P.M.  210. PLACE OF INJURY (AT HOME STREET, FACTOR)  aspital) attended the decease of an anti-view he body after deat  VECOR PRINT)	Y OFFICE, FARM, ETC)  211. LOCATION STREET  d from 2/211. 19  d from 19 81., and that in (my) (our) apir th.  DEGREE ATTENDIN PHYSICIAL  22e. ADDRESS	CITY OR TO:  CITY	WN COUNTY STATE  26 , 19 81 , that (I) (we) last ate and hour and from the causes stated  22c DATE SIGNED
INERAL DIRECTOR: After this certifical de detached for use as the burial-transhe State Dept. of Health and Mental HyRTANI: If them 21 is marked or them 18	MEDICAL	OR CONTRIBUTING CAUSE O  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WMILE NOT WHILE AT WORK  220.1 certify that (I) (this h  sow the deceased alive above, (I) (we) (this) (dir  22b. SGNATURE	HOUR A.M. MON P.M.  21e. PLACE OF INJUR: (AT HOME STREET, FACTOR  aspital) attended the decease e on 26 d not) view he body after deat  (PPE OR PRINT)  A CUMPLOWS	Y OFFICE, FARM, ETC)  211. LOCATION STREET  d from 2/211. 19  d from 19 81., and that in (my) (our) apir th.  DEGREE ATTENDIN PHYSICIAL  22e. ADDRESS	CURRED (ENTER NATURE OF INJUR  CITY OR TO:  The injury of the decoration of the deco	COUNTY STATE  COUNTY STATE  The and hour and from the causes stated  The angle of the causes stated  The cause stated the causes stated

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20	1.	FOR STATE REGISTRAR	. DEP	ARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	09370
φ κ <u>τ</u>		CEASED NAME FIRST ELIZAE	ETH	MORR	ISSY		4 16 1981 D M
de 4 mary	3 SE	Female	White	5 DATE O	2 ^{AY} 1887	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS GAYS HOURS MIN.
0 W		RTHPLACE ISTATE OR FOREIGN 7 OUNTRY) NISCONSIN	U.S.A.	MARRIE	D NEVER MARRIED X	Baltinore city of	R COUNTY OF DEATH
5 1 1 90		atonsville	1. NAME OF HOSPITAL, NI	PHS HOME O	rother Institution rsing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Educator (	WORKING LIFE) INDUSTRY
ST S	USU 13M	AL RESIDENCE (IF NURSING HOMEOR COLORS	THER INSTITUTION, GIVE RESIDENCE	More in the second	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 3100 St.	
E, MARTE	14 F/	THER'S NAME FIRST MI	Morri	ssy	15 MOTHER'S MAIDENNAME ELizabe	th MIDDLE	O'Conner
be exect and coppages 1 a	16a. V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL 212-	SECURITY NO. 32-160	12 INICORMANIT	ADDRES	ss1222 Tugwell Dri tonsville, Md.
DS, 201 W. PRESTON ST., requires that the death cert is signed by the attending phen please remove carbon part to burial, cremation, or remy injury, or other traumatic	N.	Canditions, if ony, which gove rise to immediate couse 10, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  ONDITIONS CONTRIBUTING	SEOUENCE OF	ASHO	inal disease or cond	OITION GIVEN IN PART 1(0)
It RECOR	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	ZAN: IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \subseteq \text{NO} \subseteq \text{NO} \subseteq
N OF VITAL RI HYSICIAN: TF physician. is certificate ha ial-transit perm fental Hygiene or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF HUJURY	Y IN ITEM 10, PART 1 OR PART 2)
DIVISION OF VIT  ENDING PHYSICIA  T attending physician  R: After this certific  e as the burial-transit  saith and Mental Hy  is marked or Item 1	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE
boshial or a the population of		22e I certify that (I) (this haspital sow the deceased alive an abave, (I) (see) (did) (did not) 22b SIGNATURE	4/1	19 810.0	DEGREE ATTENDING	death occurred an the da	19 , that (I) (we) last te and have and from the causes stated  22c. DATE SIGNED
TO HOSPITA retained by the TO FUNERAL should be detained the State with the State		22d PHYSICIAN'S NAME (TYPE	00.		220 ADDRESS MOCKEY	Hill Pax	· Balt 2/229
BP	23a (	Cremation, REMOVAL Cremation	236. DATE 4-20-81	Securi	ty Process		e Collins
DHMH-16 25M (VRA 15, 4) 1/79	24 F	urral director urran Funeral	Home Ca	308 H	igh St. 250 DATE e, Md.	1001	LA FLANTS Y DAY THE

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8	STATE OF MARYLAND  POR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	7 2
E. S. S. S. S. F. J. J. S. S. F. J. S.	1. DECEASED NAME FIRST MIDDLE LAST LAST OF ESTI- DEATH MATED \$20. DATE KNOWN MONTH, DAY OF ESTI- DEATH MATED \$20. DATE KNOWN DAY DAY DAY DEATH MATED \$20. DATE KNOWN DAY DAY DAY DEATH MATED \$20. DATE KNOWN DAY DAY DAY DAY DAY DEATH MATED \$20. DAY	1981 P. M
SSSARY, PEARAL DIRECTOR RALL DIRECTOR FILL HIN 72 HOUR FILL HIN 72 HOUR ESTON STREE	3. SEX 4. RACE 5. DATE OF BIRTH YEAR LAST BIRTHDAY) MONTHS DAY HOURS MIN PRONOUNCED DEAD 42 LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 42 LAST BIRTHDAY DAYS HOURS MIN PRONOUNCED DAYS MIN PRONO	198/ P M
ELAY IS NEOTO THE FUNE PAGE 5 FOR PRIED WITH PAGE 5 FOR PRIED WITH PAGE 100 WITH PRIED PAGE 100 WITH PRIED PAGE 100 WITH PRIED PAGE 100 WITH P	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE OF WORK 120. KIT)  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  2905 DUNMURRY RD. # 2/22  RETIRED HULL	ND OF BUSINESS R INDUSTRY
D. 21201 IF ANY D 2, AND 31 3. RETAIN SHOULD IN RECORD		DUNDERMO
DEATH.	CHARLES FOLTZ FRANCES SAUERS	S ,
ALTIMO AFTER INVE PA H FOR H FOR ISION (ISION (	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  NO  160. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS 8052 KI  214-38-7111 LEAH GILSINGER: - DEVNOOLE.	AJIJJZ, MD
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  CATE, WRITING THE WORD "PENDID BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. DOM: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE HIED. WITHIN 72 HOURS THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 WE PRESTON STREET, MD., 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (a). It  PART I DEATH WAS CAUSED BY:    DUE TO, OR AS A CONSEQUENCE OF    Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last.    Conditions	PPROXIMATE INTERVAL WEEN OMSET AND DEATH
AL RECORDS,  JULID BE EXECT  "PENDING".  FE MEDICAL  SED AS A BUR  FHALTH AND  AL, CREMATIC	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	AUTOPSY?
S CERTIFICATE SHE RITING THE WORL ROED TO THE CH 25.3 SHOULD BE U E DEPARTMENT O 001 PRIOR TO BURL	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  216. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR STREET (ITY OR TOWN COUNTY)	YES NO
AL EXAMI HE CETTIFI HOUGE CE EAL DIRECT TH. WITH RE, MARYLU	22a   Certify that   Look charge of the remains described above, held in Autopsy   Inspection   Inquiry   and in my apinion death resulted fram: Natural causes   Accident   Suicide   Homicide   Undetermined manner   .  ACTUAL SIGNATURE   M.D. WEDICAL EXAMINER   DATE   SIGNED	4/22/81
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER BEATTH	EXAMINER'S NAME K.S. AHLUWALLA ADDRESS 2112, Dunlalk Au Ba	ls 21220
BP	236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY (SPECIFY) BURIAL 4-24-81 SACRED HEART OF JUSTUS CEM. 7401 GERMAN HILL P.D. BALCONTY COUNTY CHORRAID DIRECTOR 236. DATE REC'D. BY REGISTRAN 256. REGIST	STATE  C6. MD.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 FUNERAL DIRECTOR Thanks & Silent Son, Suc, ADDRESS 901 S. CONKLING ST. ADDRESS 901 S. CONKLING ST. ADDRESS 901 S. CONKLING ST. APR 24 1991	andy.

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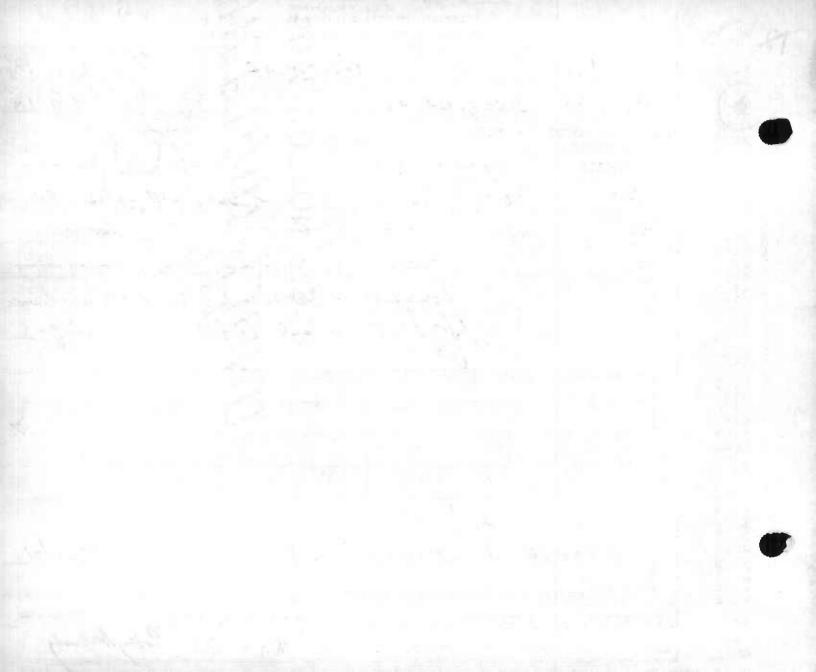
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ESSON STREET	3. SE	M LRACE	5.	DATE OF BIRTH	YEAR 6 AGE (IN LAST BIRT 923 57			DER 24 HRS	PRONOUNCED DEAD	or il the	9 /200 M
FUNE S F FO W. PRESIT	FC	RTHPLACE (STATE OR REIGN COUNTRY) EVELAND OH		U.S.A	AT COUNTRY?	8. MARR WIDOW	ED NEVER M.	ARRIED ORCED	Baltimore City of Baltimore	e County	TH AD
SI NE SE	10. C	TY OR TOWN OF DEATH Parkville	11	(IF NOT IN SUCH FAC	ITAL, NURSING HO.  BLITY, GIVE STREET ADDRES  11insdale	5)		12a. USU FOR A	AL OCCUPATION (TYPE NOST OF WORKING LIFE)	OR IN	OF BUSINESS OUSTRY ICINE
ANY ANY ANY AND SECOND		TATE 13	b. COUNTY	THER INSTITUTION, GIV	13c CSY OR TOWN		13d INSIDE CITY LIMIT	5? 13e STRE	ET ADDRESS WILL	N SDACE	RD.
DEATH. IF GESTI. IF GESTI. 2, AND 2 SF	14 F/	THER'S NAME JOHN		JGLAS	LAST		15. MOTHER'S MA	AIDEN NAME	WIDOLE	LAST	ON
BALTIMORE, S AFTER DEA' GIVE PAGES ITH FORM PI PAGES I ANI VISION OF A	16a. \	VAS DECEASED EVER IN		FORCES?	NORTHRUE		KATHER 17. INFORMANT	PATRIC	IA N. SHAF'E	PATTERS	ON
RS AFT C GIVE VITH F PAGE DIVISION	-	NO 18. CAUSE OF DEATH	Fater only o	an ann an Eine	277,918.6	110	659 н			ONTARIO	M5R2R8
ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RD."PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SI OF HEALTH AND MENTAL HYGIERE, DIVISION OF VITAL RIAL, CREMATION, OR REMOVAL.	NO	PART I DE ATH WAS	CAUSED BY MMEDIATE C , which imediate e under-	CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	ONSEQUENCE SEQUENCE	Len	OR CONDITION GIVEN I	N PART I 10.	Inforct	1029 See	Messel Death Steries
F VITAL RE RESHOULD WORD "PER RE CHIEF AN BE USED A BENT OF HEA	CERTIFICATION	19a. DATE OF OPERATION	ON	19b. CONDIT	ON FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTO	- 6-
DIVISION OF N S CERTIFICATE RITING THE WO RDED TO THE RDED TO THE RDEPARTMENTO B		ZIA EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA			NJURY MONTH DAY YE	AR 21c HC	)W INJURY OCCU	RRED IENTERN	ATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	
ZAAAE	MEDICAL	21d. INJURY OCCURRED WHILE NOT WI AT WORK AT WOR	HILE	21¢ PLACE O STREET, FACTO	F INJURY (AT HOME, PRY, FARM, ETC.)		CATION		CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VAGE 4 SHOULD BE FORWAFTER DEATH, WITH THE STITMORE, MARYLAND, 2'		death resulted fight.	Natural c		Accident .	Autop:	Homicide SPECIFY	Undete	Inquiry . and rmined manner .,	DATE SIGNED	6/8/
TO ME EXECUT TO FUL AFTER (	73n P	EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, REM	OVAL TODA	DATE	Ing. NAME OF C		ADDRESS	1937.10	ana la		
BP	C	REMATION		/30/1981	GREEN M		CREMATORY	Z BA	CATION R TOWN LTIMORE		STATE YLAND
DHMH - 17 (VR A15 ME (5)) 15M 2/80		INERAL DIRECTOR NAME LTER BROOKS	BRADI	LEY INC.	BALTO. MI	). 21	222 M	TE REC'D. BY	1981	TRAR'S S NATURE	4



3	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8   REG. NO.	0 9 3	7 8
		OR BRIDGE	RST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
leoth (		REV	Α	A C	FAR	RELL	L	+/18/81	8:30Pm
fero	3 SE	× .	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
( TANK )		Female	Whi	te	Marc	h 7, 1899 EAR	82	YRS.	
<b>P</b> 80	1	RTHPLACE (STATE OR FORE COUNTRY)  Maryland	76. CITIZEN OF U.S. 2	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALT I MORE		MD.
the man	TO	TY OR TOWN OF DEATH	GBMC-	6701 N	ADDRESS)	ROTHER INSTITUTION ARLES ST.	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE) INDUSTRY	OF BUSINESS OR
ad blue		AL RESIDENCE (IF NURSING) STATE  aryland	HOM CE CHER INSTITUTION	131. CITY OR TOV Baltimo		134 INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 3022 Pinew	ood Ave	
3800		THER'S NAME FIRST Harry	MIDDLE	Shipley		15 MOTHER'S MAIDEN NA  Ida	WIDDIE	Gillan	îā
medicol		VAS DECEASED EVER IN ( res. no or unknown)   III	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SECT		17. INFORMANT  Mrs Doris V	Buccheri	Same	
Then please remave corl ta burial, cremotion, or injury, ar other troumati	NOI	underlying couse I	ote the DUE TO, C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	ence of	EFT MIDDLE			
al Hygiene prior	CERTIFICATION	190. DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
kem 18 shows		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A	OF INJURY I.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TE PART 1 OR PART 2)	
rked or I	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM ETC )	211 LOCATION STREET	CITY OR TOV	AN COUNTA	STATE
E State Dept. of Healtl TANT: If Hem 21 is mo		27a. I certify that (I) (thi saw the deceased a obove, (I) (we) (did) 27b. SIGNATURE	(did not) view the body			, 19 81 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [	, to 4/18/death occurred an the do	22€ DAT	, that (I) (we) lost the couses stated TE SIGNED
shauld be det with the State IMPORTANT:		STEVEN	SOUTHWIC			GBMC67	O1 N. CHAR	RLES STREE	T
	23a. I	SURIAL, CREMATION, REA SPECIFY) Burial	4/22/		Parkw			e, Mary Land	STATE
4) 2/80	1	INERAL DIRECTOR NAME  Onard JRuck	Inc. Balt	imore, Ma	rylan		re rec'd. By registrar	Markey Arel	TUKE

113990710 4/11/1 THUO BEOMITA TIOSINGT GAMC--6771 N. CHARLES ST. T37901 44074410333 RIGHT AND LEFT MIDDLE CEREBRAL ARTERY STROKE 4/18/ 81 1/2/ 81 4/18/ 81

STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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0	FOR TATE REGISTRAR		DEPART	STATE OF MENT OF HEALTI CERTIFICAT		HYGIENE 8	REG. NO.	0 9 3	8 2
1	1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST		2a. DATE	OF DEATH MONTH		2b. HOUR
2 ( A B) ( M		NAZZAREN	10	PAPINI			04	28 81	7:00 A
	3. SEX MALE	4. RACE	HITE	5. DATE OF BIRT	DAY YEAR	6		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
nerol di in 72 hai	70. BIRTHPLACE (STATE COUNTRY) Italy	OR FOREIGN 76. CITIZE	S.A.	8. MARRIED X	NEVER MARRIED DIVORCED	J B	ALTIMORE		MD.
ofter of the further of with	TOWSON	ST		HOSPITA		12a USU	AL OCCUPATION VORK FOR MOST OF WORK ACCUPATION	(ING LIFE) INDUSTRY	F BUSINESS OR
filled in hould be f	MARYLAND	13b. COUNTY	ITUTION, GIVE RESIDENCE BEFO 13c. CITY OR TO 2123	₩N 13d I YES	<u> </u>	745	T ADDRESS	ST AVE	
ed within ampletely and 2 sh	14. FATHER'S NAME FIRST Antonic	WIDDLE	Papin	ni	Assunt		MIDDLE	Mor	etti
te be execut icion ond co icion ond co li.	160 WAS DECEASED EV (YES, NO OR UNKNOWN)				la M. P	apini	7453 Fo	rest Ave	. 21234
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rate that sertificate has been signed by the attending physician and completely filled in by as the burial strong permit. Then please remove corban papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  On them 18 shows any injury, or other troumatic event, the medical area must be fill that the medical area or the medical area or the fill that the medical area or the fill that the medical area or the fill that the fill that the fill that the medical area or the fill that the fill that the fill that the medical area or the fill that th		ony, which immediate oring the use lost	TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS CONTRIBUTING TO	JENCE OF	RELATED TO THE	TERMINAL DISE	ASE OR CONDITIO	N GIVEN IN PART 1	0)
he low re on. hos been t permit. I lene prior ows ony is	NOTA STIE OF OPE	RATION 19b (	CONDITION FOR WHIC	h operation wa	S PERFORMED	20a. At	IN	IF YES, WERE FINDI CERTIFYING CAUSES YES []	
PHYSICIAN: The le nading physicion. This certificote has buriol-tronsit per di Mentol Hygiene don them 18 shows		CAUSE OF DEATH HO	TIME OF INJURY DUR A.M. MONTH P.M.		HOW INJURY O	CCURRED (ENTE	r nature of injury in it	EM 18 PART 1 OR PART 2)	
DING PHYS or ottendin After this co. e. os the bun olth on bun morked or h	(IF EITHER, NOTIFY A  21d INJURY OCC  WHILE NO AT WORK AT		PLACE OF INJURY IOME, STREET, FACTORY, OFFICE		LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTEND or pritol or use for use of Heol	sow the dece	(1) (this hospital) attentions of the cosed alive on the cosed (did) (did not) view the	nded the deceosed from		t in (my) (our) op	, to, to	urred on the dote or	nd hour and from the	that (I) (we) lost couses stated
0 0 0 5 0 5	22b. SIGNATURE	mile 4	. Pet	DEGR	ATTENDI	NG MEDIC AN DIRECT	AL STAFF OR PHYSICIAN	221. DATE	SIGNED (F)
TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the Stote I IMPORTANT: If		NAME (TYPE OR PRINT) TO PATRIC			St.		Hospita	1	
₽₽ <u></u>	23a. BURIAL, CREMATIC (SPECIFY) Buria	al May		NAME OF CEMET	deemer	E		e, Maryl	and
DHMH-16 30M 2/80 (VRA 15, 4)	William		n 8521 Lo	ch Rave			1981 PROPERTY OF THE PROPERTY	EGISTRAR'S JGN	TURE

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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## STATE OF MARYLAND

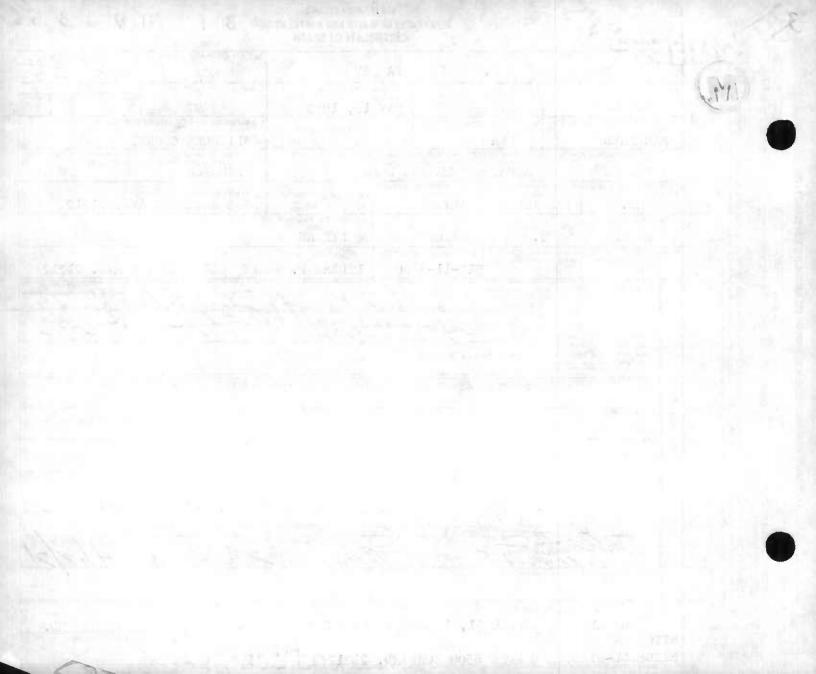
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CEKTIF	ICATE OF D	EATH	REG.	NO.				107
1		CEASED NAME	FIRST	,	MIDDLE	L	AST		20 DATE OF DEATH		DAY	YEAR	2b. HOUR	?
ı	TYPE	OR PRINT)	VIRGI	NIA	S.	PARROT	ГТ			4	2	81	4:00	a _M
ı	3. SEX	<	4	RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY		ER I YEAR	IF UNDER 2	
1		Female	2.5	Whit	8	MONTH	31	92	89	YRS	MONTHS	DAYS	HOURS	MIN.
4		RTHPLACE (STATE OR I	FOREIGN 7	. CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER M	APPIED	9. BALTIMORE CITY	OR COUN	TY OF D	EATH		
7		Maryland		USA		WIDOWE		ORCED [	Baltimo	re Cou	untv			MD.
Λ	10. CI	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NU	IRSING HOME C	OR OTHER INST	TUTION	120 USUAL OCCUPA	MOITA	12b	. KIND C	OF BUSINES	SS OR
4		atonsvilla		Summi	t Nurs	ing Homa	9		Homamak	9 <b>r</b>		Own	Home	
A	USU A 13a. S	AL RESIDENCE (IF NURS	13b COUNT		13c. CITY OR		13d INSIDE CI	TY LIMITS?	13e. STREET ADDRES	S				
2		Md	Balt	Lmore	Caton	svilla		NO 🗌	413 Wheat	ton P	lace			
	14. FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S	MAIDEN NAM	WIDDIE WIDDIE			LAS	aT.	
		Richard		J.	Sco	tt	Ne	ttia	Ε.		G1	Locke	er	
1		VAS DECEASED EVER		ED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORMAL		uth Car tol					
l		No			212-0	7-4152D	Fred R	.Engla	r, Rt2, Bo	scobe	1 C.	C.,P	endla	aton,
1		18 CAUSE OF DEATH W	H (Enter only	one couse per	4700 D	i, and ict. P			- 104	21.		BETWEEN	OHIER WIEN	EATH
1		11.00.100	IMMEDIATE		11000	an UM	reun	one	1.14	fra	2	7	Lang	-
ı	-	4810		DUE TO, O	RAS A CON	EQUENCE OF		16	T D	. 7		1	4 .	
ı		Conditions, if any, gove rise to imp		1	2/10	serie	nuve	Menn	- Dec	un.	4.		gr	7
1	- 4	couse (a), islating underlying couse	no the	DUE TO O	REACONS	day of	-0.7	1 +				15	The -	
1				(0) 30	"	- Jug	ww	mnu	7			- 1	1-1	
١	N	PART 2 OTHER SIGN	NIFICANT CO	Ten L	ONTRIBUTING	TO DEATH BUY	NOT/RELATED	TO THE TERM	INAL DISEASE OR CO	NOITION	SIVEN IN	PART 10	01	
	ATIC	19a DATE OF OPERA	TION	19b. COND	TION FO	IICH OPERATIO	N WAS PERFOR	MED	20a. AUTOPSY?				NGS USED	
	CERTIFICATION			178					YES NO	JIN CER	YES	CAUSES	OF DEATH	1?
Y		210. ACCIDENT WAS UNI		21b. TIME O		DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM I	8 PART I OF	R PART 2)		
	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		P.,		19								
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	FICE FARM FIC.)	211. LOCATIO	N	CITY OR	TOWN	cc	YTAUC	st	ATE
ı	2	AT WORK NOT WE	HILE			h	5 0	0.3	0	1-		2-1		
		220.1 certify that (1)	(this hospite	tended th	/ / /	0.4	20	., 19 8U	to agray	7'	. 19_0	<u></u>	that (I) (%	e) lost
١		sow the decease above, (I) (	ed olive on _ did rot)	view/the body	after death.	19 8 / or	nd that in (my) (	our) opinion o	death occurred on the	date and h	our and f	from the	couses stat	led
1		226 SIGNATURE	10	21			DEGREE	TENDALO			2	TE DATE	SIGNED	0.4
╛		Ton	1 K.	Cha	mber	~	P		MEDICAL ST DIRECTOR   PHYS	AFF SICIAN []		7/	3/1	5/
		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT			22 ADDRESS						,	1
		Earl L.	Chamb	ers, M	.D.		100 h	. Cold	Spring La	ina	Balt	O. N	ld.	
		URIAL, CREMATION,		23b. DATE		23c NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COVIN	NTY	C.T.	ATE
	·	Buri		4/4/8		Druid R	idge Ca		Pikasvi]		Balt	O. M	laryla	and
	24 FU	INERAL DIRECTOR W	litzka	Catons	villa	uneral	Home		REC'D. BY REGISTRA	AR 256. RE	STRAPS	SIC NAT	LIRE	
ł	163	30 Edmonds	on Ave	nua	Catons	ville, M	aryland	APF	1981	104	Jary!	715	Mody	

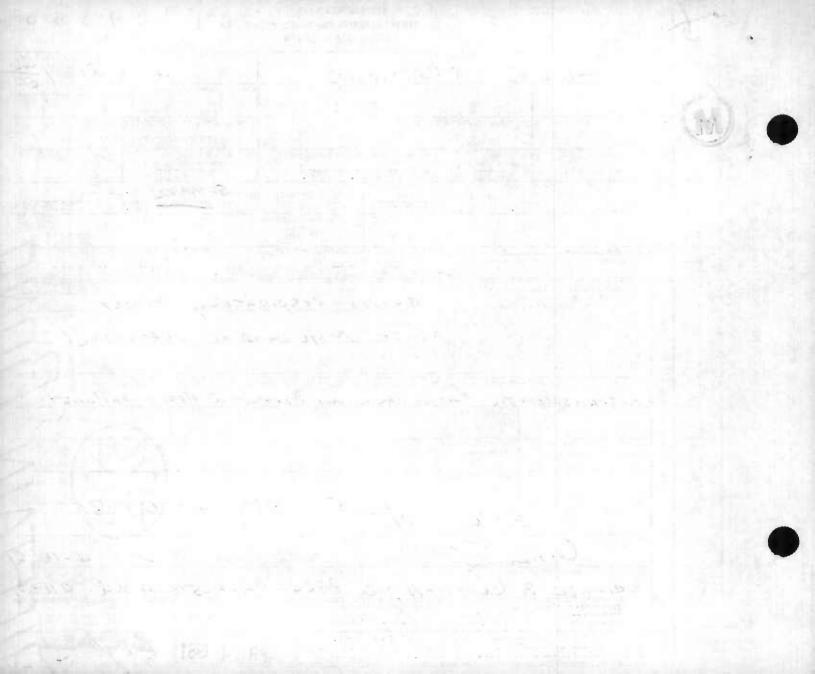
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Total Communication of the Carponial Land 
	1-	FOR STATE REGISTRAR			DEP	ARTMENT		AND MENTAL HY OF DEATH	GIENE	REG. N	10.	9 3	8						
TE .	I. DEC	EASED NAME FRINT) KATI	est E	G.	MIDDLE	PA	WLEY		2e. DATE	OF DEATH	MONTH	18,8/	26. HOUR						
a a	3 SEX			RACE		N		DAY YEAR	AGE I	IN YEARS LAST BE		H UNDER I YEAR	IF UNDER :						
8		FEMALE		WHITE			Y 12,	1883		97	YRS								
Sed at	co	MARYLAND  TOWN OF DEATH  TOWS ON		UNTRY)				DUNTRY)		76 CITIZEN OF WHAT COUNTR		MA	MARRIED   NEVER MARRIED		]				
of person	IO CIT			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ARMACOST NURSING HOME			128 USUAL OCCUPATION (179F OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER  128 KIND OF BUSIN			F BUSINE									
examiner mu	USUA 13e S1	L RESIDENCE (IF NURSING TATE 13	HOME OR OTH L COUNTY BALTI	MORE	13c CITY OR BALTI	DEFORE ADMISS TOWN MORE	134. IN: YES [	IDE CITY LIMITS?	130. STRE	8 REGE	STER A	VE. 212	12						
338	)4. FA1	ROBERT	T.	DLE	BUSIC	K		THER'S MAIDEN N	IAME	WIDDLE		BURTO	N						
тре шес		AS DECEASED EVER IN (1), NO OR UNKNOWN) (1)	U.S. ARME FYES, GIVE WA	D FORCES? AR OR DATES)	212-11			DRMANT LIAN P. S	WEET	658 R		ER AVE.	2121:						
e has been signed by the attending physician eternit. Then please remove carbon papers. B ene prior to burial, cremation, or removal. shows any injury, or other traumatic event,	CERTIFICATION	PART 2 OTHER SIGNIF			ONTRIBUTING				20a A	UTOPSY?	206. IF YE	S, WERE FINDIN	GS USER						
transit p tal Hygin Item 18		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH		OF INJURY	DAY Y		OW INJURY OCCU	JRRED (ENTE			PART 1 OR PART 2)	NO [						
use as the burial-t Health and Ment 21 is marked or I	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	)	21e PLACE	OF INJURY TREET, FACTORY, O	FFICE, FARM, ET	211 LC	CATION		CITY OR TO	OWN	COUNTY	ST						
3 0 6		220 I certify that (I) (I) sow the deceased obove, (I) (we) did 22b. S DNA RE	alive an	110	bre!	108/	DEGREE	ATTENDING	MERK		AFF	ur ond from the							
TO FUNERAL DIRE should be detached for with the State Dept.	23a B	URIAL, CREMATION, REPECETY)  BURIAL	MOVAL	23h. DATE	21,81			Y OR CREMATOR	y 23d L	OCATION LITY OR TOWN	F. C. D.	COUNTY ALTIMORE	STA MD						
	24. FU	NERAL DIRECTOR		*********			D IVIDG	250_D	ATE REC'D.	BY REGISTRA	R 25h REGIS	TRAR'S SIGNAT	URE						
HMH-16 25M RA 15, 4) 1/79		NERAL DIRECTOR NAME TCHELL-WIEL	EFELI	HOME	6500 X		D. 212	AP	R22	1981	DE REGIS	TRAP'S SIGNAT	U						



STATE OF MARYLAND



<b>A</b>	1-	FOR STATE REGISTRAR	DEPAR	MENT OF HEALT	MARYLAND H AND MENTAL HYG TE OF DEATH	IENE 8	0 9	3 8 7
3/		EASED NAME FIRST	MIDDLE	LAST			MONTH DAY	YEAR 26. HOUR
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ge 4 may ge 7 may liter de	3 SEX	Fameli	RACE Lauceusen	5 DATE OF BIR	TH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR IF UNDER 24 HRS
death. Pa		RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED W	NEVER MARRIED	BALTIMORE CITY O		
201 ours after o		OWSON	1. NAME OF HOSPITAL, NURS NOT IN SUCH FACHITY, GIVE STREE DULANCY TOWSON	ING HOME OR OT	HER INSTITUTION	128 USUAL OCCUPATE		N. KIND OF BUSINESS OR HOUSTRY
RYLAND 21; d within 24 he letely filling in 2 should be it		IL RESIDENCE IF NURSING HOMEORO TATE  THERES NAME FIRST  ME	THER INSTITUTION, GIVE RESIDENCE BEFORE  136. CITY OR TO  ALLEY  DOLE  LAST	YE:	INSIDE CITY (MITS? S NO O	130. STREET ADDRESS	yien	ast.
MORE, MA  sand compl  signs 1 and 1	Ión V	VAS DECEASED EVER IN U.S. ARM es, no or unknown) (IF YES, GIVE W	ED FORCES? 166 SOCIAL SECURITOR DATES	URITY NO 17 I	NFORMANT Defeat (2)	Portage 111	244	Rent RoTus
s that the death certi by the attending phy se remove carbon pay al, cremation, or remove		PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate couse oi, stoling the underlying couse last	/ h / /	vice ply	user kasl	i CV dire	e me	10+2p.
RECORDS, 201  The law requires e has been signed ermit. Then pleas sone prior to burial shows any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	onditions CONTRIBUTING TO five fleft fle 196 CONDITION FOR WHICE	mipligia	-too fee	200 AUTOPSY?	1966 206. IF YES, WE	RE FINDINGS USED G CAUSES OF DEATH?
X 2	-	7)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI		
	MEDICAL	214 INJURY OCCURRED  WHILE ONOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		LOCATION	CITY OR TOV	vN C	OUNTY STATE
AL OH ATTENDI the hospital or atte the hospital or atte AL DIRECTOR: A teched for use as t the Dept. of Health IT: If Item 21 is mi		22e.I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE	19			death occurred on the de	19	
TO HOSPITAL retained by the ITO FUNERAL Eshould be detach with the State D		TREDERICK. PREDERICK.		M.D.	ADDRESS	MEDICAL STAIL DIRECTOR PHYSIC	IAN []	4/8/87 RCMD21212
PP	23a. E	URIAL, CREMATION, REMOVAL REMOVAL	and the same of th	NAME OF CEME	TERY OR CREMATORY	23d LOGATION CITY OR TOWN	COU	NTY STATE
J.7/O DHMH-16 25M (VRA 15, 4) 1/79	24 FU	NERAL DIRECTOR Anatomy Board	Balto.,	Md.	AP	R 1 0 1981	Tio France	Halling

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Leonard J Ruck Inc. Baltimore, Maruland

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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

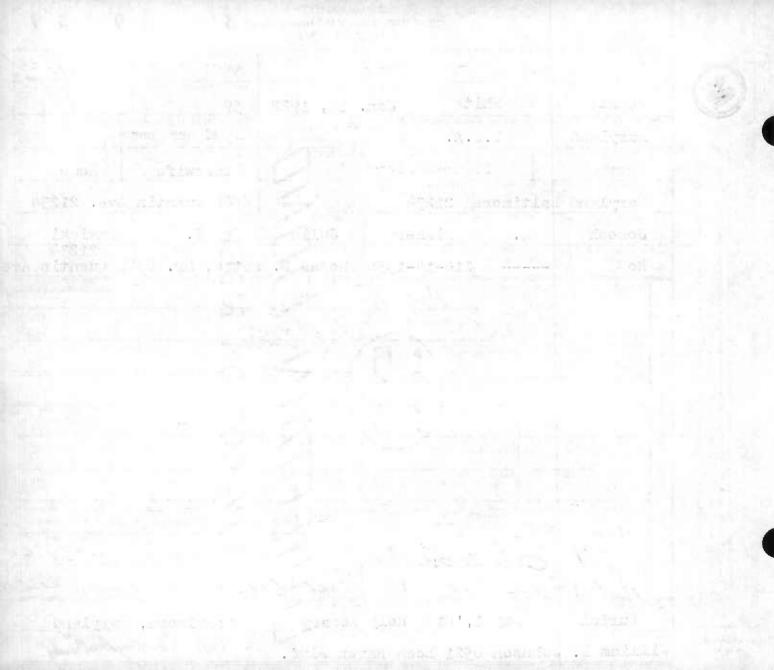


APRILLA 1881 September

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

(VRA 15, 4)



X	1-	STATE REGISTRAR	DEPARTI		ICATE OF DEATH	REG. NO	0	7 5	, 0
		CEASED NAME FIRST	MIDDLE	i.	AŠT		MONTH DAY	YEAR 2	HOUR
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moy moy	3 SE	(	4_RACE	5 DATE C		& AGE (IN YEARS LAST BIRT			F UNDER 24 HRS
Page 4 mc		M	В	1	3 98	83	YRS	VIIIS UATS	MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	\$ MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
he funerol within 72		Jamacia	USA	WIDOWE	DIVORCED	] Baltim		ty C	O ME
i es je	10 CI	TY OR TOWN OF DEATH Pikesville	1). NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET OLD COURT 1)	ADDRESS)	OR OTHER INSTITUTION	128. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND OF I INDUSTRY	BUSINESSOR
ed within 24 hours of mpletely filled in by il ond 2 should be filed to the text of the te	13a S	AL RESIDENCE (IF MURSING HOME OF STATE 136 COU!	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136 CITY OR TOW Pikesv	/N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 4747 BO	nnie I	Brae R	d.
ompletely 1 and 2 sh Exomine	14 FA	THER'S NAME UNKN	MIDDLE LAST		is mother's maiden in First Unkn	MIDOLE		LAST	
e execut n ond co Poges 1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	JRITY NO	17 INFORMANT	ADDRE	SS		
			kn 213-16	-5778	Thelma 7	Trogdon 474	7 Bon	nie Br	
ding physicion or removal or removal		PART I. DEATH WAS CAUSE	nly one couse per line for (01, (b1, or ED BY: ITE CAUSE (0)	dic M	Jocardia	Denfarch	ست	BETWEEN ON	SET AND DEATH
the death ce the attending remotion, or r er froumatic		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCE OF	ASCUB			20%	N
in that the death of the object of the ottending lease remove corting, or or other troumatic		gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEOU	ENCE OF					
quires flen p to bur njury,	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN	IN PART 1101	
N. The low respection.  cote has been onsit permit. Hygiene prior. 18 shows ony is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, V IN CERTIFY IN YES	WERE FINDING NG CAUSES O	S USED F DEATH? NO
ryskcian T ding physici is certificate buriol-tronsi Mentol Hyg or frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCI	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	( OR PART 2)	
G PHYS	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
TENDIN outal or of TOR: Aft for use or of Health		saw the deceased alive or	oitol) ottended the deceosed from 19 19 view the body ofter death.	E// 01	19_8	on death accurred on the de	ote and hour o		at () (ye) lost uses stoted
y the hosp RAL DIREC detoched is one Dept	<	THE SIGNATURE	view the body offer death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		120. DATE SI	GNED - 8/
HOSPII bined b FUNE bould be the St		22d PHYSICIAN'S NAME (TYPE OF	ORPRINT)  MAN MB		54000	0.0.	-OD	Revol	alle
M Short	23a E	SURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION		OUNTY	STATE
BP		reation	4/14/81 W	estvi		k. Cator	nsvill	e, Md.	•
DHMH-16 20M	24. FU	UNERAL DIRECTOR	AODRESS		25a. D	ATE REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATOR	E
(VRA 15, 4) 7/78	W	m C March F/	/H 1101 E.	Nort	th Ave. A	PR 1 5 1981		7	



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CE 5. DATE				6 AGE (IN YEARS LAST BIRTH	HDAY)	IF UNDE	RIYEAR		ER 24 HRS
White Sep				82	YRS	MONTHS	DATS	HOURS	WIM.
IZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR	COUNT	Y OF DE	ATH		
USA		WIDOWE		Baltimor	e Co	ount	·V		M
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not in suc	n Square	Hospi	tal	Painter	WORKING L		USTRY	Pai	nter
NSTITUTION,				* CHITOCI		1.0	นอธ	1 61	ncer
	13c. CITY OR TOW	Ν	13d INSIDE CITY LIMITS?	13e STREET ADDRESS					
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PART 2. OTHER SIGNIFICANT CONDITION 19a DATE OF OPERATION 19b. CO

710 ACCIDENT WAS UNDERLYING 21b. TIM OR CONTRIBUTING CAUSE OF DEATH HOUR (IF EITHER, NOTIFY MEDICAL EXAMINER)

**JAMES** 

4. RACE

75 CITIZEN

rank

Baltimore

(IF YES, GIVE WAR OR DATE

IMMEDIATE CAUSE (o

MIDDLE Harry Phi

220 I certify that (this hospital) attended the deceased from February 19_81___, that **X** (we) lost sow the deceased aliveran ADT1 9
obove, (we) (did) (did not) view the body after death and that in (1) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE

22d. PHYSICIAN'S NAME (TYPEOR PRINT)

NOT WHILE

FOR 1 - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Male

Maryland 10. CITY OR TOWN OF DEATH

Rossville

Maryland

Unknown

14. FATHER'S NAME

(YES. NO OR UNKNOWN)

BIRTHPLACE (STATE OF FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE

160. WAS DECEASED EVER IN U.S. ARMED FORCE

Conditions, if any, which

gove rise to immediate couse (a), stating

underlying couse lost.

21d INJURY OCCURRED

WHILE

18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY

3. SEX

Robert Tretola 22e ADDRESS

ATTENDING

MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN

9000 Franklin Square Drive 21237

30. BURIAL, CREMATION, REMOVAL	23b. DATE
(SPECIFY) Burial	4-11-

23c NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery 23d. LOCATION CITY OR TOWN Baltimore

STAFF

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

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BY REGISTRAR 25b. REG Eastern

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖁 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH HOWARD PIERCE (TYPE OR PRINT) 81 4:42PM Vouchla corre 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH YEAR 6 65 MALE WHITE BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED BALTIMORE COUNTY Pennsylvania USA DIVORCED | WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE)
Manager-Owner Race (IF NOT ST. JOSEPH HOSPITAL BALTIMORE Track 21204 13a. STATE 13e STREET ADDRESS 13c. CITY OR TOWN, 1 13d. INSIDE CITY LIMITS? 21204 205 E. JOPPA RD. #206 NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Helen Tribe Pierce Howard Κ. ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) YES, NO OR UNKNOWN) 265 09 4958 Thelma O. Pierce Towson, Md.21204 W.W. APPROXIMATE INTERVAL BETWEEN ON AT AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate ather cause (D), stating DUE TO, OR AS A CONSEQUENCE underlying cause DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION any 206 IF YES, WERE FINDINGS USED S. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70s AUTOPSYT IN CERTIFYING CAUSES OF DEATHY NOT NO IT VES [ THE ACCIDENT WAS UNDERLYING 71h TIME OF INJURY THE HOW INJURY OCCURRED (SMITH HARDRE OF HIGHER PARTIES OF PART ) OR FART TO 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH FIRETHER, NOTIFY MEDICAL EXAMINERS 10 P.AA III. LOCATION 71d. INJURY OCCURRED TIE PLACE OF INJURY ö COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) SAATE-AT WORK 17x.1 certify (6) (1) (this hospital) attended the decy saw the deceased alive on and that in (my Your) opinion death accurred on the date and hour and from the couses stated DECREE THE DATE SIGN ATTENDING *MEDICAL STAFF PHYSICIAN: DIRECTOR PHYSICIAN MPORTANT 220 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 13c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Baltimore Co., Md. Entombment STATE Lorraine Park Apr. 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) William E. Johnson 8521 Loch Raven Blvd.

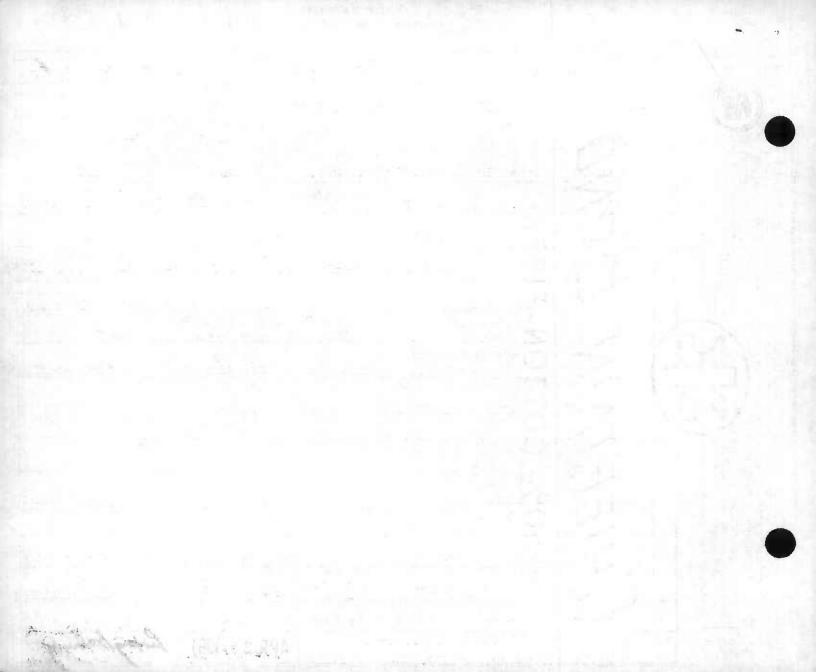
STATE OF MARYLAND

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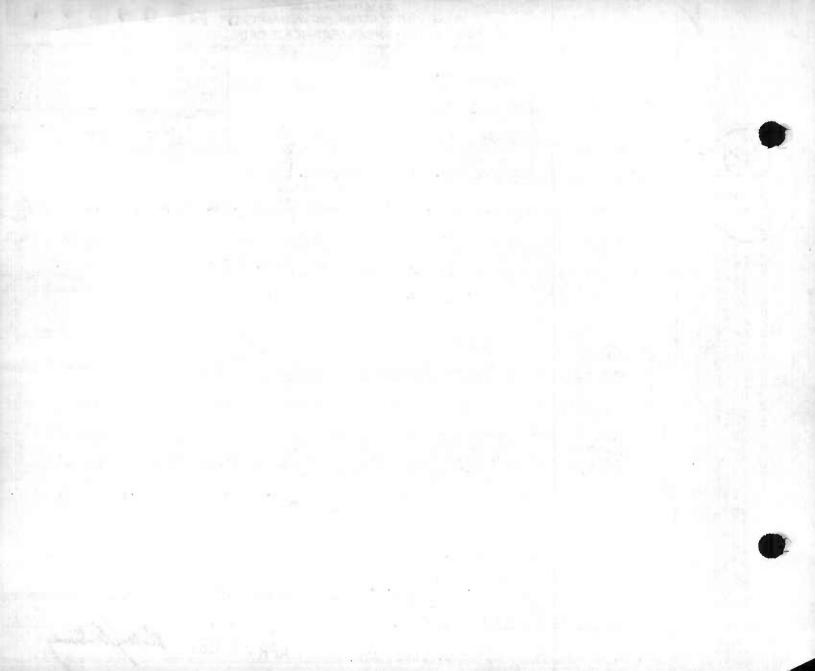
RALTO MD

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STATE OF MARYLAND



1	FOR  STATE REGISTRAR		DEPARTMENT OF				REG. NO	<b>y</b>	0 /	
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3.	SEX 4. RACE	5 DATE OF BIRTH	6. AGE (IN LAST BIRTH	YEARS IF UN	DER I YR. IF UNDER	R 24 HRS. 2c. DA1	E INCED	MONTH	DAY YEAR	2d. HOU 2:3
	Male Bla			YRS.	1	DEA	D	4	27 1981	a.
10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		HAT COUNTRY?		D NEVER MARR	IED 1 I	_	_	TY OF DEATH	
10	MD CITY OR TOWN OF DEAT	USA	SPITAL, NURSING HOA	WIDOW		IED   Ba	I timore			MISINESS
)		(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS	1		FOR MOST OF WI		E OF WORK	OR INDUS	TRY
WS	Dundalk SUAL RESIDENCE (IF IN NURSI	NG HOME OR OTHER INSTITUTION, C	GIVE RESIDENCE BEFORE ADMIS	uthern						
130	o. STATE MD	COUNTY 140	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	130-STREET ADDI				
14	FATHER'S NAME	100	BALTIMO	RE	15 MOTHER'S MAID	1 6030 N EN NAME	larquet	te RI	)	
1	FIRST	MIDDLE	POWELL		ESTHER		MIDDLE		WHITE	
16	e. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS	,	WHITE	4 - 4
	NO	F 1ES, GIVE WAR OR DATES)	213-46-19	93	MARSHA D	.POWELL 6	030 MA	RQUET	TTE RD.	
	18 CAUSE OF DEATH PART I DEATH WAS	(Enter only one couse per lin							APPROXIMA BETWEEN ON:	TE INTERVAL
L		MMEDIATE CAUSE (a)	nhalation o		ke and Fla	ame				
1	Conditions, if on		R AS A CONSEQUENCE	E OF						
1	gave rise to in	nmediate (b)								
	couse (a) stating the lying couse lost.	DUE 10, OI	R AS A CONSEQUENCE	E OF						
	PARI 2 OTHER SIGNIFICANT O	ONOITIONS CONTRIBUTING TO DEATH	H BUT NOT BELATED TO THE TE	PMINAL DISEASE	OR CONDITION GIVEN IN PA	LP1 1 a			<u> </u>	
1 3					or constitution direct in the					
	190 DATE OF OPERAT	ON 196 COND	ITION FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTOPS	Y?
									YES XX	NO 🗆
}	210. EXTERNAL CAUSE		FINJURY MY MONTH DAY YE.	AR 21c HC	W INJURY OCCURRE	ED (ENTER NATURE OF	NJURY IN ITEM 18	PART 1 OR PA	ART 2)	
1	CONTRIBUTING CA	USE OF DEATH [ 1: 29]	m 4 26 19 8	81 sub	ject in au	uto/auto	collis	ion w	ith fir	е
	UNDERLYING ASOF	D 21e PLACE STREET, FAI	OF INJURY (AT HOME CTORY, FARM, ETC.)	51	ATION	CITY OR I			VIAND	STATE
5	WHILE NOT WAT WO	RK S	treet		tern Ave.	at South	ern Ave	e.,Du	indalk, E	
	22a I certify that I to	ook charge of the remains de	escribed above, held on	Autops	y XX Inspectio	on . Inquir	y on	Count	pinion Mary	land
>	death resulted from:	Natural causes .	Accident X,	Suicide	Homicide .	Undetermined r	nanner			
	ACTUAL 11	10 91	0.1.		TITLE (SPECIFY)	L		DATE	4-27-	01
+	SIGNATURE	ngmin an	Dollar	M.	_{D.} Assistan	MEDICAL EXA	MINER	SIGN	ED 4-2/-	01
2	EXAMINER'S NAME (TYPE OR PRINT)	Virginia L.	Dolan, M.	D	ADDRESS	II Penn S	treet			
23	BURIAL, CREMATION, RE/		23c. NAME OF C		RCREMATORY	23d. LOCATION CITY OR TOWN	ODE	cou	INTY	STATE
24	RITETAT.	5/2/81	CEDAR	HII.I.	25a. DATE	BALTIM		ISTRAR'S	O LINA URE	MD
	NAME	ADDRES			APR		fin	May /	MC Shoot	1
=	WM. C. MARCI	FMH TIO	1 E. NORTH	AVE	LALI	0 0 .50.		1		



16	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 1	09395
rmay be		CEASED NAME FIRST CORPRINT) X	MIDDLE RACE	Radonski  S DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRT	MONTH DAY YEAR 75. HOUR 40  4-26-8/64 64 M  HDAY) # UNDER I YEAR # UNDER 24 HS  MONTHS DAYS HOURS MIN
		FEMALE  IRTHPLACE (STATE OR FOREIGN ONIETY)  Polande	WHITE CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 9 9 BALTI I	PROUNTY OF DEATH
24 hours after ed in by the fu be fised within	T	ITY OR TOWN OF DEATH  OWSOV  AL RESIDENCE IF NURSING HOME OR O STATE/	IN NOT IN SUCH FACILITY, GIVE STREET A	owson		
couted within complete that I and 2 should nedical exiting	14 F.	ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARM	DOLE RADO ED FORCES? 166 SOCIAL SECUR	RE YES Y' NO   15 MOTHER'S MAIDEN NAI MSK! ALEXAND!	ME	POREMBSKÍ
certificate be experience of physician and papers. Pages emoval.		YES, NO OR UNKNOWN)		8776 BERNICE N. H	OFFNAN-7	N. KENWOOD AVE.
requires that the death or signed by the attending nen please remove carbon to burial, cremation, or ty injury, or other traums	NO	Canditians, it any, which gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUED  (b) Cor Current  DUE TO, OR AS A CONSEQUED  (c)	w of stomach	IINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
The Is in the has be permit. Jiene prings shows.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (		206 AUTOPSY?	70% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
PHY ng ph this c urrial Men	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, FA	19 211 LOCATION	CITY OR TOV	
or att OR: A Jse as Health		WHILE NOT WHILE AT WORK  270-I certify that (I) (Arm hope as we the deceased give an obove. (I) (Arm hope and obove. (I)			, to	19, that (I) (mex) last ate and have and from the causes stated
TO HOSPITAL OR AT retained by the hospital TO FUNERAL ORECT should be detached for with the State Dept. of IMPORTANT: If Item 2		276 SIGNATURE  276 PHYSICIAN'S NAME ITYPE ORP	To las	DEGREE  M  ATTENDING PHYSICIAN  176 ADDRESS  Man  178 ADDRESS		
02BP		BOR IAL UNERAL DIRECTOR	4/28/81 17	AME OF CEMETERY OR CREMATORY  OLY ROS ARY  250. DATI	234 LOCATION CITY OR FOWN BAKTIMORE E REC'D. BY REGISTRAR	County, Md.
DHMH-16 25M (VRA 15, 4) 1/79	Ga	ORGEA. WEBERE, SO	vs INC 7055, AM	IN ST. APR	a ra 10071	7-1

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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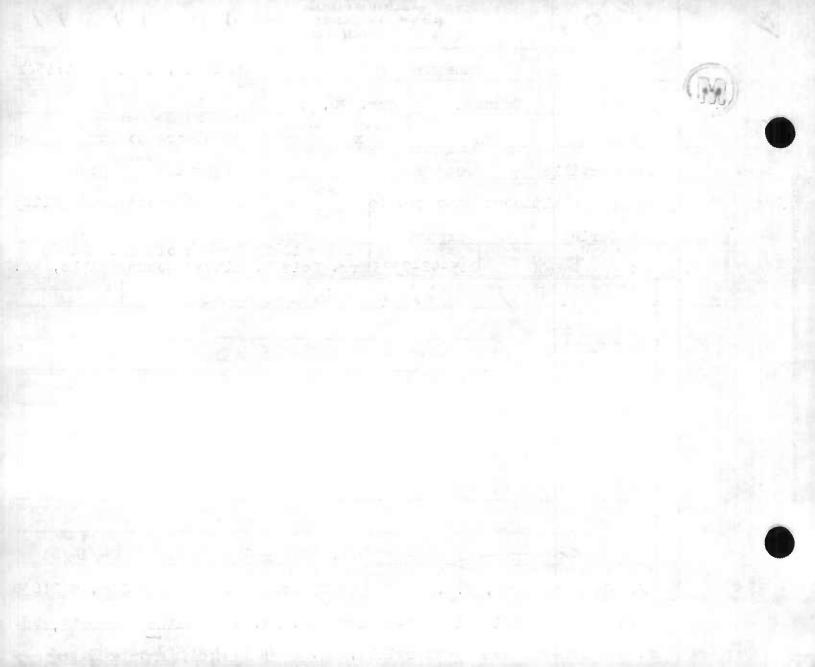
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- STATE

(VRA 15(4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH 2h HOUR 81 15 IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 126 KIND OF BUSINESS OR CHAUFFER WORKING LIFE CORP.

LAST

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

STATE

MD.

COUNTY

COUNTY

THE DATE SIGNED

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PART OF BRIDGE SHOWLT AND BRIDGE COUNTY

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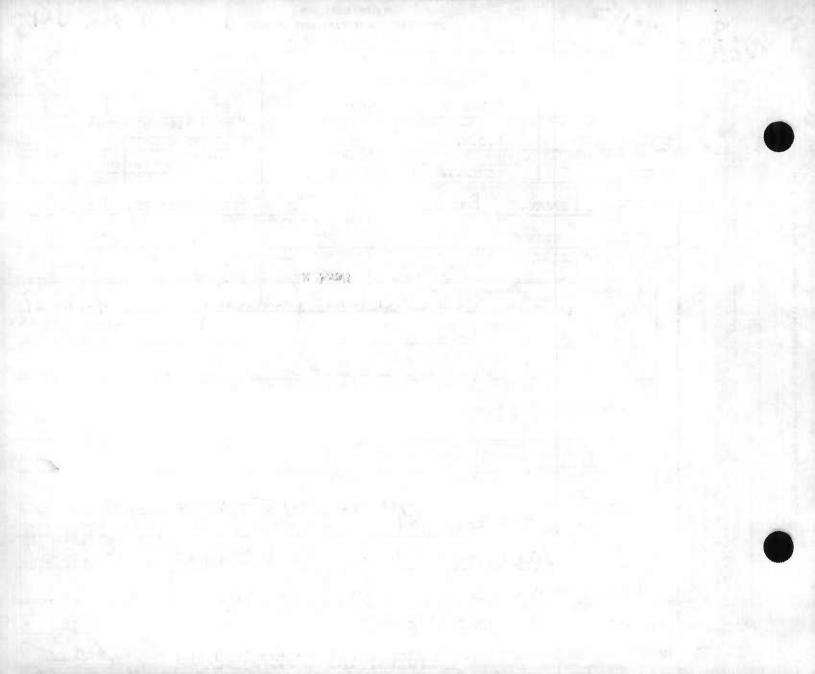
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3	1.	FOR STATE REGISTRAR		DEP		HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8	0	9 4	UI
page 3 death		CEASED NAME FIRST OR PRINTI		RR	RICH	ARDSON	20. DATE OF DEATH APRIL 24	MONTH	DAY YEAR	26. HOUR P
ter deg	3 SE	x FEMALE	4 RACE WHI	TE	MON	OF BIRTH  DAY 19/1887	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1 12	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF		TRY? 8 MARRI WIDOW	ED NEVER MARRIED	BALTIMORE CITY C	OR COUNTY		MD.
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should be fill examines mu	13a :	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN RYLAND BALT	ITY	GIVE RESIDENCE 13c CITY OR DUNDA	TOWN	134 INSIDE CITY LIMITS? YES NO 🔯	13e STREET ADDRESS 6801 DUNH	ILL RD	. 2122	2
and 2 sho	14 F/		NTON	OR		15. MOTHER'S MAIDEN NA FIRST MARY	E.		KIRKM	
ages 1		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)		SECURITY NO.	17 INFORMANT DON:	ALD W. RICHA		212	37
physiciar papers. F emoval.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	y one couse per D BY: E CAUSE (a)	line for (0), (1	or, and ici.	hast far	lure		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
the attending ph move carbon pa emation, or rem other traumatic		Conditions, if any, which		RAS A CONS	EOUENCE-OF				20	my y ears
or or		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OI	R AS A CONS	EOUENCE OF					
een signed by Then please or to burial, any injury, o	NO	PART 2 OTHER SIGNIFICANT C		ONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE OR CON	IDITION GIV	EN IN PART 10	D1
ws ws	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR W	HICH OPERATION	ON WAS PERFORMED	20e AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
CLON: After this certificate ha to use as the burial-transit perm of Health and Mental Hygiener in 21 is marked or Item 18 sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 4	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, P	PART I OR PART 2)	
s the burial-trans th and Mental H marked or Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE	OF INJURY	FFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
CTOR: vor use as of Health		22a I certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did)				and that in (my) (our) opinion	death occurred on the d	lote and hou		that (I) (we) last couses stated
OIRE hed for Dept. If Iter		17b Signature	CULT.	Orrer death.	000	ATTENDING PHYSICIAN	MEDICAL STA	IFF CIAN []	120. DATE 4-2	SIGNED 5-8/
TO FUNERAL should be detact with the State IMPORTANT:		226. PHYSICIAN'S NAME ITYPE OF	PRINT) CLOJ			2900 D	UNPAN	RD	)	
Z & S Z	(	BURIAL, CREMATION, REMOVAL SPECIFY) CREMATION	236. DATE 4/25/1	981		CEMETERY OR CREMATORY PK. CREMATOR	236 LOCATION CITY OF TOWN Y BALTIMO	RE	COUNTY	STATE
IH-16 25M 15, 4) 1/79		UNERAL DIRECTOR LITER BROOKS BRA	DLEY IN	IC., DU	NDALK,	A C	R 2 8 1981	256 REGIST	tran's signat	realy



Martin D. Lawson, 10 W. Padonia Rd.

(VRA 15, 4)

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1	STATE REGISTRAR				TIFICATE OF I	-	REG. NO.	0	3
	DECEASED NAME FIRST		MIDDLE	LAST		20. DATE KN	NOWN FT MON	PAY YEAR	26. HOUR
	Howa	rd	G.	Roe	se, Sr.	OF DEATH M	ATED DA	1/10/1981	12:pm
3. S	EX 4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNDER			TO ACHT	DAY YEAR	2d. HOUR
-	ale White	10 02	18 62 v	RS.	DATS HOOKS MI	DEAD	ANNI	10,08/	12PM
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARRIED	BALTIMO	RE CULY OR COU	INTY OF DEATH	
	aryland	USA		WIDOWED		Baltin	more Cou	nty	MD.
10.	CITY OR TOWN OF DEATH TOWSON	(IF NOT IN SUCH FACE	ITAL, NURSING HOMI LITY, GIVE STREET ADDRESS)	,		I. USUAL OCCUPA FOR MOST OF WORKIN	IG LIFE)	OR INDUST	RY
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13a	STATE 13b. CO	UNTY	13c CITY OR TOWN	13d.		STREET ADDRESS		Road 21	237
14.	FATHER'S NAME	MIDDLE	LAST	15.	MOTHER'S MAIDEN N	AME	DLE	LAST	
1	George	W	Roese		Fannie	V		Roper	
160	. WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES, O	IVE WAR OR DATES)	166. SOCIAL SECURIT		NFORMANT	Deser	ADDRESS		D - 1
L	Yes WW	11	215-07-0	1132 [1]	helma V.	Roese	1204 H	ilbdale	Road
-	Conditions, if any, wh gave rise to immedi couse (a) stating the <u>una</u> <u>lying couse last.</u>	er: (b) DUE TO, OR (c)	s at chisequence		ene 19	Sevi	<u> </u>	-25	Yes
Z	PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	IINAL OISEASE DR C	ONDITION GIVEN IN PART 1	a I			
CEPTIFICATION	190. DATE OF OPERATION	196. CONDITIO	on for which oper	ation was p	PERFORMED?			20 AUTOPSY	NODE
5 8	210 EXTERNAL CAUSE WAS	21b. TIME OF I	NJURY MONTH DAY YEAR	21c. HOW I	NJURY OCCURRED (I	NTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR		77923
1 3	UNDERLYING OR CONTRIBUTING CAUSE		MONTH DAT TEAT						
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	22a I certify that I took ch			Autopsy [	Inspection	. , –	and in my	opinion	
	, death resulted fram: No	atural causes	Accident L.J. Su	icide	Homicide L	Indetermined monr	ner [],	11	1
4	ACTUAL SIGNATUR	edest	Deson	ulfo_	Deputy	MEDICAL EXAMIN	DA1 IER SIG	NED 4/10	18/
4	EXAMINER'S NAME (TYPE OR PRINT)	Charles F	. O'Donne	11 ADD	RESS 7501	York Ro	oad		
230	BURIAL, CREMATION, REMOVA		23c. NAME OF CE			3d. LOCATION			TATE
24	Burial FUNERAL DIRECTOR	4/13/81	Holly H	lills	Cemetery		River,	Bakter.	Md.
	assahn Funer	al Home	7401 Bela	in Po		5 1981	230, REGISTRAR"	a aignature	1 0
		CT HOME	1401 DeTs	LL NO	au AFRI	1 1201	Whicher S.	Pre-Chapelle	

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(VRA 15, 4) 1/79

MacNabb Funeral Home

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6	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 9 4	US
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may b page er deat	3 SE	X	4 RACE		5 DATE C		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEA	
age 4		MALE	WHIT	Е	DE	15 1806	84	YRS MONTHS DAY	S HOURS MIN
e ( )		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? I MARRIE	NEVER MARRIED XXX	PALTIMORE CITY OR CO	UNTY OF DEATH	
de de de	1	MARYLAND	U	SA	WIDOWE	D DNORCED	BALTIMORE	COUNTY	MD.
and the state of t	10 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		ROTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
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filled in	13a	AL RESIDENCE IN HURSING HE STATE NAME OF	ME OR OTHER INSTITUTION COUNTY	13c. CITY OR TON BALTIM	WN	131. INSIDE CITY LIMITS?	130 STREET ADDRESS 524 N. CHA	RLES ST.	#21201
shou	II, F	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME		
la 2 200		MORRIS	WIDDLE	RUBIN		ANNA	WIDDLE	ZEAMAN	AST
1 al		WAS DECEASED EVER IN U.S		166 SOCIAL SEC	URITY NO		BERT B. GOLDST		
ages	2	YES, NO OR UNKNOWN) YES	S, GIVE WAR OR DATES)	215-34-	-1388	6016 CROSS C		BALTO.,	MD 2121
w requires tha en signed by t fhen please re r to burial, crr ny injury, or t	NO	PART 2 OTHER SIGNIFICA	1. (c)_	ONTRIBUTING TO	1/	Mot related to the term	NINAFDISEASE OR CONDITIC	ON GIVEN IN PART	l(a)
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RECTOR: for use a t. of Heal tem 21 is		220.1 certify that (I) (this I sow the deceased alive above, (I) (we) (did) (did)	1.1	1- 10	-		death occurred on the date a		
ached e Dep		226. SIGNATURE	MA }	C. A. Im.	n 1-	PA ATTENDING	MEDICAL STAFF		TE SIGNED
TO FUNERAL MADE AND THE STATE OF WITH THE STATE OF MADE AND THE STATE OF THE STATE		DR. MAURI		N N	J	22R ADDRESS	DIRECTOR   PHYSICIAN  S COUNTRY BLVI		., MD 2121
BP————		BURIAL, CREMATION, REMO	4/2	8/81	CHIZU	EMETERY OR CREMATORY K AMUNO	234. LOCATION CITEMENT IMORI	COUNTY	MARYLAND
DHMH-16 25M (VRA 15, 4) 1/79	24. F	NAME 6010 REISTER		G BRUS. D. BAL	, INC. TO., M	D 21215	PRE 2 BYE QUE 251. F	perpayer	and .



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	1	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8   0	9 4 0 6
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
y be		Emma	Μ.	Ruby	4 4	81 ,
age 4 may	3 SE	Female	4 RACE White	5 DATE OF BIRTH MONTH DAY YEAR 5 8 1901	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
death. P	/	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Laryland	U.S.A.	Y? MARRIED NEVER MARRIED WIDOWED X DIVORCED	Baltimore Co	
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thin 24 ho y filled in ould be fill	13e	STATE 136 CO	or other institution, give residence be unity   13c. CITY OR to timore   Dunda	OWN 134. INSIDE CITY LIMITS?	13. STREET ADDRESS 1909 Hazelme	re Road
ompletely and 2 sho	7 14 F.	ATHER'S NAME FIRST John	T. Maure	15 MOTHER'S MAIDENN First Anna	AME	Watkins
ificate be exected by ysician and compers. Pages 1 so oval.	lée :	WAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES, G NO	IVE WAR OR DATES)	CURITY NO. 17 INFORMANT 3-2585 Ruth Metz		9 Hazelmere to., MD. 212
v requires that the death cert in signed by the attending phen please remove carbon part to burial, cremation, or remove readments, or other traumatic	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	TYDER TRUSION	A MRUPISM  MINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
N: The law ite has been permit. The jiene prior B shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
NG PHYSICIAN: The inding physician. The truths certificate ha fee burial-transit perm and Mental Hygiene arked or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART † OR PART 2)
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		sow the deceased alive	pital) attended the deceased from 3 - 2 1 19		n death occurred on the date and ha	, 19 , that (1) (we) last or and from the causes stated
TO HOSPITAL OH ATTER		226. SIGNATURE	an ter		MEDICAL STAFF	22c. DATE SIGNED
TO HOSPIT retained by the TO FUNERA should be dewith the State MPORTAN		Marcus Lewir	M.D.	220 ADDRESS 201 Wis		id. 21222
BP		BURIAL, CREMATION, REMOVA	4/8/1981 F	R NAME OF CEMETERY OR CREMATORY  Baltimore Nation	al Baltimore	county State Marylan
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- J. L.

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204 APR

25a. DATE REC'D. BY REGISTRAR 25b. R. ISTRAR'S SIGNATURE

- STATE

24 FUNERAL DIRECTOR

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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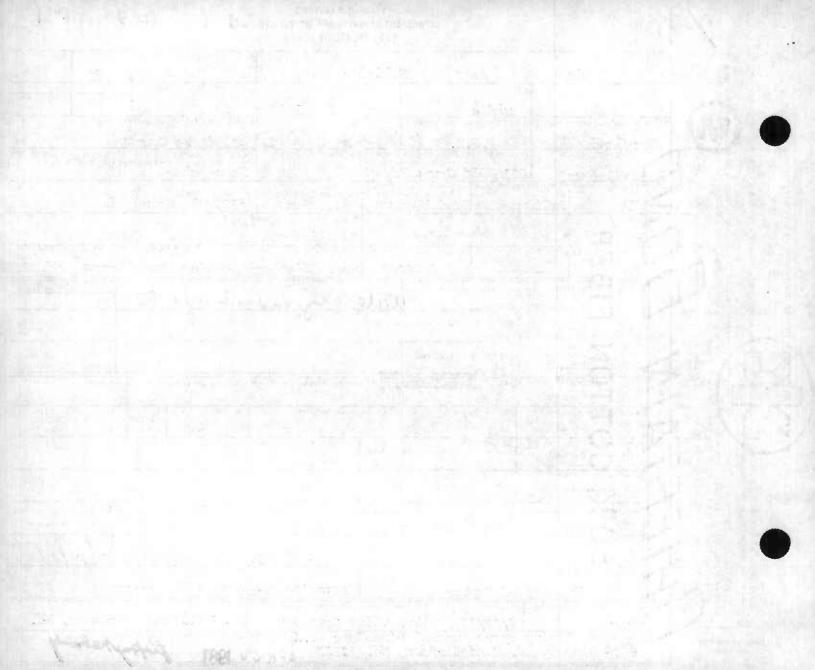
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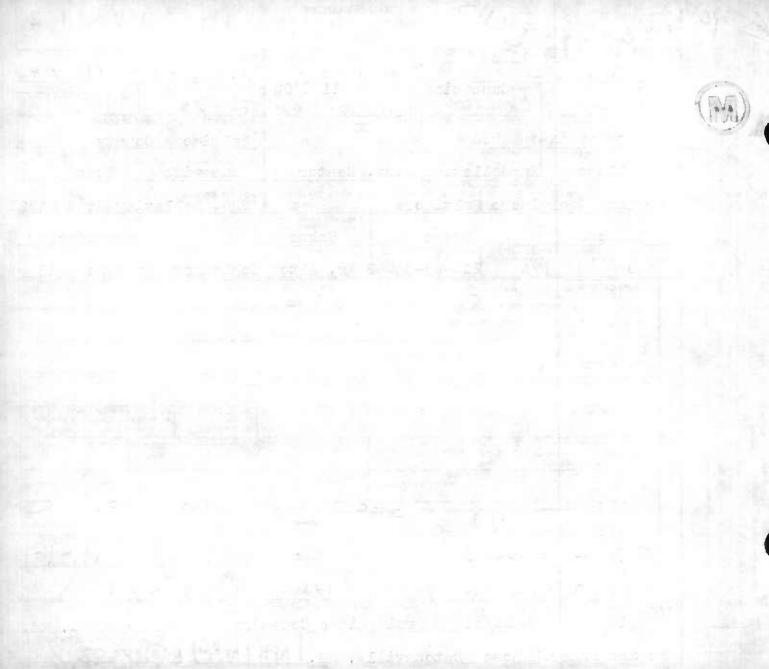
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Page	7a B	IRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	1	BALTIMORE CITY OR COUN	TY OF DEATH
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the fur dwithin			1. NAME OF HOSPITAL, NURSING HOME OR OF INF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!	OTHER INSTITUTION	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS O
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ng phong phong partic		IMMEDIATE				244
eath arbo n, or raum		4292	DUE TO, OR AS A CONSEQUENCE OF			2
the d satte ove c natio	1	Conditions, if any, which gave rise to immediate	( Ib) CHRONIC	KIDNEY 3	FAILURE	344.
by the e rem c. crerr		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF			12 400
ned b lease ury,			( ic) ASCVD a	na DIAB	ETES	1271
requence to but y injury	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	DI RELATED TO THE TERM	INAL DISEASE OR CONDITION G	FIVEN IN PART 1(0)
s beer shift. The prior ws an	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION V	WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
The te has service per show	F				1	TIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO} \( \bigcap \)
AN AN Isan.	GR.	210. ACCIDENT WAS UNDERLYING		TIC HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	
Syr Nys Ser Ser Tra Stra Stra Stra Stra Stra Stra Stra St		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR			
d Mith	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY 2	II LOCATION	CITY OR TOWN	COUNTY STATE
JING tendii After the b h and narke	8	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	SIRCE	CITTORIOWN	COUNTY
ENC or at Se as lealth		22a I certify that (1) (this hospita	I) ottended the deceased from	. 19 7 2	_, to4 12 -	19 2/ , that (1) (we) lo
ATTEN ital or scTOR or use of Hea		sow the deceased alive on above. (1) we) (did) (did not)	view the body after death	that in (my) (our) opinion o	death occurred on the date and h	
AL OR AT The hospital AL DIRECT Rached for the Dept. of T: If Item 2		771 SIGNATURE		GREE		226 DATE SIGNED
by the by the ERAL (		1 Waars	M	ATTENDING PHYSICIAN	MEDICAL STAFF	4-14-81
SPITANER ITAN	1	224 PHYSICIAN'S NAME ITYPE OR P	RINT) 2	110 ADDRESS		12-00
TO HOSPITA retained by the TO FUNERAl should be deta with the State		Jose ARJ	DAIZIMD	7838 EA	STERN AVE	2 baltimore,
A D S S S S S S S S S S S S S S S S S S	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF CEM	METERY OR CREMATORY	234. LOCATION	COUNTY STATE
BP		(SPECIFY) BURIAL	4/15/81 OAK L	AWN	BALTO,	MA D
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS	250 DAT	DARCED BY REGISTRAR 251 BEGI	STRAR'S SIGNATURE
(VRA 15, 4) 1/79	J	. G. CONNE		ACE	WAT MAIL	/ /

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	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9413
	DECEASED NAME FIRST TYPE OR PRINT)  Edwa	rd Milton	Schmidt	20 DATE OF DEATH MONTH April	10 1981 4:30A
(48/11)	SEX	4 RACE	S. DATE OF BIRTH  MONTH & STORY  AND STORY  S. DATE OF BIRTH  MONTH & STORY  ST	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deoth, Poge uneral hin 72 pu	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUR Baltimore Cou	NTY OF DEATH
by the filled with	ROSSVILLE	LIE NOT IN SUCH PACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	GLIFE) 126. KIND OF BUSINESS OR INDUSTRY
filled hauld le	SUAL RESIDENCE (IF NURSING HOME OF 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DESCRIPTION OF TON	YES NO S		WATER
and	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N.	UNKMIDDLE	LAST
Poge		AMED FORCES? 166 SOCIAL SEC 21328	.0	SCHIHIOT	ABCLE
n signed by the ottending physicio Then please remove carbon popers to burial, cremation, or remaval. injury, or other traumatic event, the	PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU  (b) Arterio  DUE TO, OR AS A CONSEOU  (c)	red Aneurysm sclerotic Cardiova		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ysician. Cate hos been signant and the form of the for	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
sicial physical physi	OR CONTRACTOR   CAUSE OF C	EATH HOUR AM. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART ?)
the the sed on d	21d. INJUNY OCCURRED  WHIE NOT WHILE ALL WORK	218. PLACE OF INJURY LAT HOME, STRIET, FACTORY, OFFICE	FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
pritot for us of He		n April 19	April 10 , 19 8	to April 10 death accurred on the date and h	, 19 8 , that (we) last
Che he	77A SIGNATURE	( - / )		MEDICAL STAFF DIRECTOR PHYSICIAN	April 10.198
TO HOSPITAL of the county of t	Henry Sacer	io, M.D.		in Square Dr. Ba	altimore 21237
BP	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	1 236 DATE 23c.	NAME OF CEMETERY OR CREMATORY PASSKINECO	23d LOCATION GIYOR TOWN BALTE	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	J. E. CONIL	ELLY 300		TE REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

FOR - STATE

24 FUNERAL DIRECTOR

Eline Funeral Home

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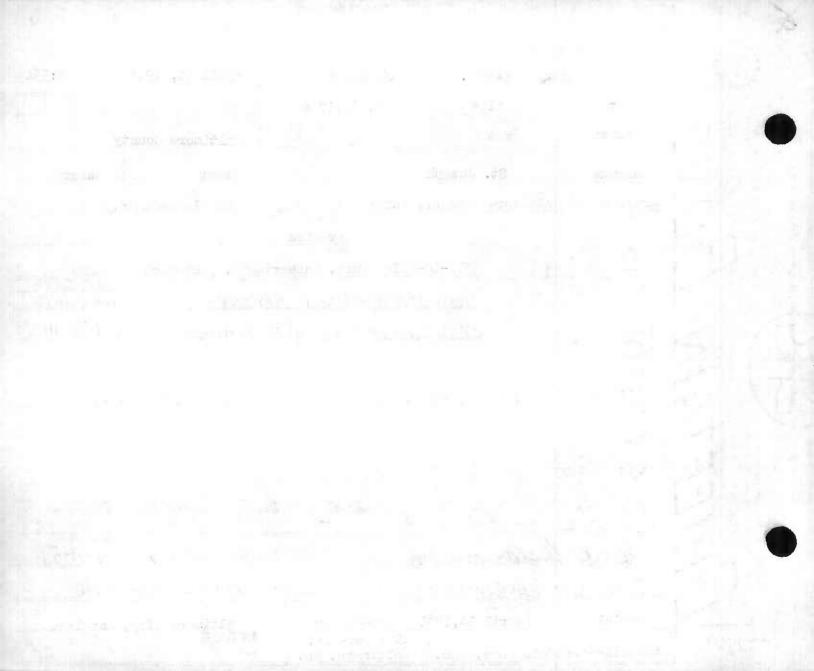
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D.		FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 9 4 9  CERTIFICATE OF DEATH  REG. NO.							
30		CEASED NAME F		L. SCHRADER			20 DATE OF DEAT		5 81	6:52A	
	3. SEX MALE		4. RACE CAUC	4. RACE S. E		TE OF BIRTH  DAY  STATE  DAY  YEAR  93		6. AGE (IN YEARS LAST BIRTHDAY) 88 YRS.		MONTHS DAYS	
35		RTHPLACE (STATE OR FORE COUNTRY)  ryland	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWEI		MARRIED	BALTO.	Y OR COUNT		AAI
by the full lied with	10. CITY OR TOWN OF DEATH TOWSON		11. NAME OF I	11. NAME OF HOSPITAL, NURSING HOM  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  GRMC 6701 N CH		ANDIES ST		12a. USUAL OCCUP (TYPE OF WORK FOR MC Pharma C	OF BUSINESS OR		
tilled in		al residence (if nursing state 13h aryland 1	nome or other institution. a. COUNTY Baltimore	GIVE RESIDENCE BEFORE  13t. CITY OR TOW  TOWSON	E ADMISSION)	13d. INSIDE C		13e. STREET ADDRE 8422 D	ss Charle	es Valle	y Court
and 2 th	14. F/	ATHER'S NAME FIRST August	MIDDLE	Schrade	er		S MAIDEN NA. FIRST nett	ME	.E. W	eckesse	r
Pages, Pages, I	16a \	VAS DECEASED EVER IN 1 YES NO OR UNKNOWN) (II	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES}			Mrs.		Schrader	Same	as #13.	
t. Then please remement or to buriol, cremation, y injury, or other trauma	TION	underlying couse I	inte the DUE TO, OF CONTROL (c) CANT CONDITIONS CO	R AS A CONSEQUE	DEATH BUT I	ART	TERY TI		S ONDITION GR		
hos bermene pri	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH	OPERATION			200 AUTOPSY?  YES NO	IN CERTII	S, WERE FINDIN FYING CAUSES ES	OF DEATH?
this certificate is the burial-transity and Mental Hygis and Mental Hygis ked or Item 18 sho	MEDICAL C	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E  71d. INJURY OCCURRED  WHILE MHILE AT WORK	21e. PLACE (	M.	19	211. LOCATION STREET			r town	COUNTY	STATE
eCTOR: After the deformation of the office o		22a. I certify that (I) (thi saw the deceased a obove, (I) (we) (did)	s hospitol) Att/15e/8				, 19 <mark>81</mark> (our) opinion	to 4/5 death accurred on the	e dote and hou	ur and from the	
FUNERAL DIRE		12h SIGNATURE  FREE  12h BAYSICIAN'S NAME	sofesor		C	PEGREE A	ATTENDING PHYSICIAN [	MEDICAL S	STAFF YSICIAN X	22c. DATE	5/81
Should be detect with the Stote De IMPORTANT: If It	230 5	DR. A	. JEREZ	22. A	IAAAE OE CE	GBM	C 67	01 N. CI	HARLES	ST.	
		SPECIFY) Burial  UNERAL DIRECTOR	Apr.8,	1981 Lo	oudon		emetery		re,	Maryla	
30M 2/80 15, 4)		ck Towson Fu	meral Home			k Road d.2120			PAR 256. REGIS	TRAR'S SIGNAT	JRE

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8	1	FOR STATE REGISTRAR	DEPAR		ICATE OF DEATH	IENE 6   REG. N	0 9 4	421		
1		DECEASED NAME FIRST MIDDLE TYPE OR PRINT]  RAE			ast UGAM	APRIL 4,1981 12:30 PM				
	3	FEMALE	4 RACE WHITE	S DATE (	RIL ^{DA} 2,1885	6 AGE JIN YEARS LAST BIRT	HDAY F UNDER 1 Y			
neral di 72 ho	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76, CITIZEN OF WHAT COUNTRY  USA	WIDOW		BALTIMORE COUNTY OF DE		MD.		
filed within	0	RANDALLSTOWN	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACILITY, GIVE STREE RANDALLSTOWN	CONVAL		170. USUAL OCCUPATION OF THE HOUSEWIFE	D OF BUSINESS OR TRY TE			
filled be and be	de la	MARYLAND BAL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JUNTY 134. CITY OR TO' FIMORE RANDA11		YESXX NO	9114 MEADO	RANDALLSTO W HEIGHTS R	OWN, MD. <b>£211</b> RD. <i>2//33</i>		
and 2 short	30	FATHER'S NAME PHILLIP	KAUFMAN		IS MOTHER'S MAIDEN NAM FIRST LEAH V	WIDDLE	ABRAM			
rsician and co bers. Pages 1 a byal. event, the me	1	WAS DECEASED EVER IN U.S. A IYES, NO OR UNKNOWN) I I IF YES, G NO	RMED FORCES? NE WAR OR DATES! 219-30		MRS. ELAINE		§LSTOWN,MD. 4 MEADOW HE			
n signed by the attendir hen please remove carbo to burial, cremation, or ny injury, or other traum			gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF							
ificate has been sit permit. The Hygiene prior m 18 shows an	2	190 DATE OF OPERATION  710 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	19b. CONDITION FOR WHICH OPERATION WAS PERFOR			206 IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED SES OF DEATH?		
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After this s the burial th and Mer marked or		I I I I I I I I I I I I I I I I I I I	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC	211 LOCATION STREET	CITY OR TO	wn county	STATE		
ERAL DIRECTOR: e detached for use a State Dept. of Heal ANT: If Item 21 is		saw the deceased alive of	in the add the deceased from the land of t	59.	DEGREE ATTENDING PHYSICIAN [	medical STA	27c D	, that (I) we last the causes stated  ATE SIGNED		
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BP	2	BURIAL CREMATION, REMOVA	APRIL 6, '81 H	EBREW			MORE, MD.	STATE		
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR SOLLEVINSON &	BROS BALTIM	EISTER ORE, N	STOWN RD. 250 DATE D. (21215)	P 1) 6 1981	25b. RECONTRAR'S SIG	Churchy		



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STATE OF MARYLAND

